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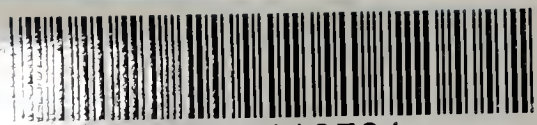
ANNUAL REPORT

OF THE

Medical Officer of Health

1964

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Met die Komplimente van die Mediese Gesondheidsbeampte.

The Corporation
OF
The City of Cape Town



ANNUAL REPORT
OF THE
Medical Officer of Health

1964

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THE CORPORATION OF THE CITY OF CAPE TOWN.

Report of the Medical Officer of Health

FOR THE YEAR 1964

TO HIS WORSHIP THE MAYOR AND COUNCILLORS
OF THE CITY OF CAPE TOWN.

Ladies and Gentlemen,

I have the honour to present my 13th report on the health conditions of the City of Cape Town together with an account of the work carried out by the City Health Department for the year 1964. Health conditions throughout the year have been satisfactory.

Vital Statistics.

The estimated population of the City, based on the Census of 1960, is 580,430 (196,880 White, 383,550 non-White). The recorded figures for the Bantu section of the population is a tally of this racial group known to the Bantu Administration of the Council, and is a much more accurate figure than that provided by the Census.

Births.

According to the returns of the Registrar of Births and Deaths, 3,701 White and 14,497 non-White births were registered during the year as belonging to the Municipality of Cape Town. This is 5 per cent more than in the previous year, but once again over 3,000 less than the actual number of births which occurred and are known to the Department through notification by institutions, midwives and others. No progress whatsoever has been made in righting this anomaly, and apart from the adverse effect on current statistics, an unnecessary build up of confusion and inconvenience awaits the next generation. These unregistered births are almost entirely among non-Whites; this racial group is already in preponderance in Cape Town and increasing at a faster rate than is officially recognised.

Illegitimacy again increased, with the figure of 21 per cent for all races being the highest on record in the city.

Stillbirths increased by 7.8 per cent, but no statistical information regarding the causation of these events is available.

The percentage of births in institutions increased.

The usual preponderance of male over female births occurred.

Deaths.

The number of deaths registered as occurring among city residents was 6,147 (2,138 White and 4,009 non-White), equivalent to death rates of 10.8 per 1,000 population for Whites and 10.4 for non-Whites. Both rates are in excess of those for the previous year. Although the White death rate is high as compared with other centres in the Republic, the city is undoubtedly a popular centre for pensioners and retired persons so that the population is unnaturally loaded by the aged.

The mortality figures reveal that the main causes of death among Whites are all directly related to middle and old age. Among non-Whites on the other hand, the large Cape Coloured population have benefited by a slight recession in the death rate, overbalanced, however, by an appreciable increase in the death rate for Bantu.

In the non-White group the causes of death are much more diverse, and diseases associated with early life play an important role. Provision of better housing, education, preventive and curative medical services must inevitably have effect and reduce the proportion of deaths in early life in this group.

The startling increase in deaths by violence — particularly in the non-Whites and from road and other accidents — should be noted.

Road traffic accidents caused 186 deaths in the year under review as against the previous highest figure of 135 in 1963. Many of the victims were pedestrians, and there is little doubt that the pedestrian requires education on the road laws and the danger inherent in the advent of the new "through ways" where traffic is moving at a greater speed than formerly.

Falls of all types accounted for the highest number of such fatal accidents since 1957. The total number of 352 deaths in all racial groups occurring as the result of accidents is the highest recorded figure. In the previous year 247 deaths occurred in this category.

Attention must also be drawn to the marked increase in the number of deaths occurring in the non-White male as the result of bronchogenic carcinoma. The number of deaths (47) recorded for this group is the highest on record. There is little doubt that heavy cigarette smoking, and particularly the inhalation of such smoke, plays a very material part in the triggering off and development of bronchogenic cancer. The non-White population group, as a result of better wages and full employment, undoubtedly smoke more than was the case twenty-five years ago.

REPORT OF THE MEDICAL OFFICER OF HEALTH

Infant Mortality.

It is pleasing and gratifying to be able to record a reduction in the infant mortality rates for each racial group.

Over the past two years the White infant mortality rate has been affected solely by fluctuations in the number of infant deaths from prematurity which, in 1964, fell sharply. There was an increase in White infant deaths from congenital malformation, but the number of deaths involved is not significant.

The percentage of deaths in the non-Whites under one year of age, notwithstanding the welcome fall in the infant mortality rate, is still eight times the percentage in the White group. Furthermore, 36.0 per cent of all non-White deaths occurred before the age of 5 years, in contrast to a figure of only 3.9 per cent in the Whites.

Child welfare and other facilities are available for all groups in the city, but the socio-economic factors, including illegitimacy, and the need for the non-White mother to work, is continuing to have deleterious effect on these vital figures.

Amongst non-Whites, the Coloured rate of 65.1 (registered births) or 57.3 (notified births) per 1,000 live births is the lowest rate on record. The expected decline of deaths from measles in the non-White group, which appears to be biennial in character, did occur, accompanied by a more impressive decline in infant deaths from gastro enteritis which in the year under report reveals a rate less than half of what it was ten years ago.

Maternal Mortality.

Maternal deaths were reduced from 22 to 15 in the year under review. 11 of these were related to abortion. 12 of the deaths occurred in hospitals.

Facilities for the supervision of pregnant women in the city are adequate, but many do not avail themselves of what is available. There is, however, still a shortage of maternity beds; so much so that over 50 per cent of the non-White mothers must be confined at home. In many cases the non-White homes are overcrowded, or not suitable in other ways for home deliveries. More beds are necessary so as to permit delivery to take place in hospital and if necessary for the lying-in period in the case of a normal confinement to be continued at home.

Infectious Diseases.

The enteric fever incidence was halved during the year – 15 cases (1 White and 14 non-White) – but three non-White fatal cases, the first since 1959, occurred. Two of these deaths were only notified to the department after death. No source of infection was traced, but the majority of the cases lived under very poor socio-economic circumstances where considerable risk of infection existed.

Only 22 cases (2 White and 20 non-White) – a record low for diphtheria – were notified and confirmed; and, apart from the Bantu Townships, this is the first year that no death has been recorded. With the accent placed on immunisation by the department, and the numbers attending immunisation sessions, there is no reason why diphtheria should not be relegated to a "has been". Of the confirmed cases, three were fully immunised, two received one inoculation only, while the remainder had received no inoculation. More attention must be directed at defaulters and this aspect will receive more attention in 1965.

The incidence of scarlet fever remained at a low level, but a White child, who had also developed another serious condition at the same time as the fever, died.

The occurrence of only one confirmed case of poliomyelitis is hailed with relief and great satisfaction following the strenuous efforts of the department over the past few years in stressing the need for and cajoling parents to attend with their children at the municipal clinics for this protective feed. After the serious onslaught of this disease during the 1950's the use of the Sabin live attenuated vaccine appears to have been effective in almost eliminating the effects of the disease from the City during the year under review.

Notwithstanding the low incidence of poliomyelitis, the parents of a child who, on very flimsy religious grounds, refused to have the child immunised, were successfully prosecuted under Regulation 1989 of the 27th December, 1963, made under the Public Health Act, No. 36 of 1919, as amended. The Magistrate in finding them guilty imposed a suspended sentence.

An increased number of cerebrospinal meningitis cases, 32 (6 White and 26 non-White) with two deaths, were notified during the year. These figures are nearly double the notifications for 1963 (18).

397 Notifications of kwashiorkor (all non-White) were recorded during the year, with 54 deaths. These figures do not reflect the true position as many cases are, for a variety of reasons, not notified. It does, however, indicate the serious problem of protein malnutrition which is occurring amongst the toddler group of the non-White section of the population. An increase in wages and enhancement of the socio-economic status of this group is the only thing that will improve the present unsatisfactory state of affairs.

Venereal Diseases.

Apart from the overall increased attendances at the venereal disease clinics during the year, there has been a disquieting increase of 625 new cases of syphilis. The greatest increase of this disease has occurred amongst the non-White male section of the population. Greater and more strenuous efforts are being made, with some success, to trace and induce contacts to attend the clinics for examination and, if necessary, treatment.

Many of the clientele attending the clinics are of the lower socio-economic groups who are not amenable to discipline or advice, and who, in the main, are unable or unwilling to supply information regarding their equally promiscuous partners.

The increased incidence of teenagers suffering from venereal disease attending the clinics (14 per cent) has also to be recorded.

Tuberculosis.

The downward trend of tuberculosis notifications amongst Whites has come to an end, but is not considered of any particular statistical importance. The non-White incidence has, however, risen for the second year in succession.

REPORT OF THE MEDICAL OFFICER OF HEALTH

Deaths from the disease continue to decline, except in the case of the Bantu who, owing to their migratory character, do not provide a suitable group on which to base statistical figures.

The number of contacts of known cases attending the clinics for examination showed a slight fall.

The ever-popular and indispensable mass radiography service was used to its full capacity and once again was responsible for detecting many cases in their earliest stages.

Dental Branch.

The dental clinics continue to work to capacity. Conservative treatment for non-White school children has now been undertaken on an organised basis. Surveys indicate, however, an enormous field which can only be covered by greatly increased personnel and finances.

I had the opportunity of appearing before, and giving evidence to the Commission of Enquiry into the Fluoridisation of Public Water Supplies set up by the Minister of Health in October, 1964. There is little doubt that this important public health prevention measure is long overdue, but it would be advisable to await the outcome of the Commission's report before taking the matter any further.

Child Welfare.

Progress in this Branch includes the erection of a new creche and nursery school at Retreat, and the demolition of the old child welfare clinic in Station Road, Claremont, preparatory to the erection of a more modern clinic on the same site.

The attendance figures at child welfare, ante-natal and immunisation sessions continue to increase and the clinics – especially those in the new non-White townships – are working to near full capacity.

Attendances at post-natal sessions have also increased considerably during the year. The opportunity of also carrying out Papanicolou smears at these latter sessions has played an important part in the early detection of cervical cancer.

Environmental Sanitation.

Food samples taken for analysis under the Food, Drugs and Disinfectants Act, No. 13 of 1929, led to many more applications for Court proceedings than in the previous year. The illegal use of preservatives in minced meat was responsible for much of this increase.

Building activity during the year in the city has been of such magnitude that additional health inspector staff had to be seconded to deal with the flood of plans which required scrutiny for public health requirements.

The year marked the end of the invasion of the central city areas by hawkers and their push-carts.

While the department has no jurisdiction over canning factories located outside its boundaries, an opportunity did arise to raise a matter with the Department of Health and the South African Bureau of Standards. A complaint of a cockroach in a tin of canned steak carrying the mark of the Bureau was submitted to the Department of Health to investigate and take necessary action to deal with the problem.

Good progress is being made in the closing of horse stables in the Maitland/Brooklyn area. It is hoped that by the end of 1965 all stables in this area will have been closed.

The conversion of butcher vehicles from the open prairie wagon type with canvas covers to an all metal vehicle has now been completed. Certain other local authorities have shown great interest in the regulations which have made such possible.

Housing.

1,812 (1,782 Coloured and 30 Bantu) municipal housing units were constructed during the year. Notwithstanding these satisfactory figures, the demand for new houses by the non-White group, particularly the Coloureds, as the result of Group Area decisions and the natural decay of many of the dwellings in the older part of the city, is as great and pressing as ever. Over 8,000 names are on the waiting list of the City Housing Manager.

Bonteheuwel and Kalksteefontein Housing Estates were practically completed during 1964 and a commencement made to erect a further 3,200 units both economic and sub-economic in the latter months of the year at Heideveld. This new township is located immediately to the South of the National Road and the Bonteheuwel Township. Situated in this Estate will be the normal ancillary child welfare and maternity clinics, shopping centres, open spaces, playgrounds, schools, churches and recreational facilities.

It is quite obvious that more units will be necessary so as to rehouse the many members of the community still resident in slums. No steps – apart from a preliminary meeting with the City Engineer regarding the slum clearance of the central 'District Six' area – were carried out. More action in regard to slum clearance in this priority area must be contemplated for 1965.

Only 30 housing units were erected at Guguletu Bantu Township during the year under review. Permission to enlarge the township was obtained during the latter portion of the year and extensive additions will be proceeded with during 1965.

Acknowledgments.

I desire to acknowledge with appreciation and gratitude the loyal support and ever willing assistance given me by all members of my staff. I have also to thank the other Heads of Departments for their full co-operation in dealing with the many aspects of health which impinged on their activities. To the Chairman and Members of your Health Committee, as well as other Members of the Council, may I also say a big thank you for all their consideration and much appreciated support at all times.

I am, Ladies and Gentlemen,

Your obedient servant,

E.D. COOPER,

M.D., F.R.C.P.(Glasg.), D.P.H. (Glasg.), F.R.S.H.

Professor of Public Hygiene, University of Cape Town.

Medical Officer of Health.

City Health Department,
Libertas,
Hertzog Boulevard,
CAPE TOWN.

July, 1965.

REPORT OF THE MEDICAL OFFICER OF HEALTH

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MUNICIPALITY OF THE CITY OF CAPE TOWN

LEADING STATISTICS, YEAR ENDED 31ST DECEMBER, 1964.

AREA :— 101.73 sq. miles						White	Non-White	All races
Total population	..	..	..	..	..	196,880	383,550	580,430
Birth rate	..	..	..	..	..	18.7	37.7	31.3
Death rate	..	..	..	..	..	10.83	10.42	10.56
Infant mortality rate	..	..	..	..	..	18.9	77.6	65.7
Maternal mortality rate	..	..	..	..	..	0.53	0.87	0.80
Tuberculosis death rate	..	..	..	..	..	0.07	0.48	0.34
Enteric incidence rate	..	..	..	..	..	0.01	0.04	0.03
Enteric death rate	..	..	..	..	..	—	0.01	0.01

All the above rates are annual and expressed as per 1,000 population of each class, except the infant and the maternal mortality rate, the former being expressed as per 1,000 live births occurring during the year (corrected) and the latter per 1,000 live and still births.

RAINFALL.

Amount in inches	14.90	(Average 20.74)
No. of rainy days	91	(Average 102)

TEMPERATURE.

Maximum	95.0 F.	(Average 60.4 F.)
Minimum	43.2 F.	

SUPERANNUATION

It was with much regret that the Department had to say "tot siens" and goodbye to Dr. W.L. Hoole, the Tuberculosis Officer, on the occasion of his retirement on reaching the age of superannuation on the 30th November, 1964.

Dr. Hoole, who served as Assistant Tuberculosis Officer in the Manchester City Council's Health Department, was appointed as the first full-time out-patient Tuberculosis Officer in Cape Town. His responsibility was to control and run the out-patient tuberculosis services and to act as admissions officer for all cases of tuberculosis occurring within the municipality.

During the twenty-six years that Dr. Hoole was in charge of the out-patient Tuberculosis Branch this has grown from one small clinic in 1938 to the six large scattered clinics which are in operation today.

Dr. Hoole was popular with patients and staff alike and was the essence of patience when dealing with difficult relatives. He was highly regarded by his medical colleagues in general practice who frequently consulted him on problems regarding tuberculosis. His retentive memory for names and faces of old patients was always a source of amazement to his staff and to members of Head Office.

He will be difficult to replace, but we hope that notwithstanding his retirement we will continue to see him conducting the odd clinical session in the Branch he did so much to build up.

We wish him and his wife good health, much happiness, and a long retirement.

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1964.

SECTION I. NATURAL AND SOCIAL CONDITIONS.

PHYSICAL GEOGRAPHY

Cape Town is situated at the northern end of the Cape Peninsula. The Peninsula lies off the west coast of the mainland of South Africa, extending from north to south a distance of about 33 miles and attaining a maximum width of about ten miles. Its average width east and west may be estimated at five miles. The northern half of its eastern side is connected with the mainland by a wide low-lying sandy isthmus, known as the Cape Flats, which separates Table Bay to the north-west from False Bay to the south-east. The narrowest part of the isthmus measures about twelve miles from sea to sea.

The backbone of the Peninsula is a mountain range which extends from Table Mountain (3,549 ft.) at its north end to Cape Point at the south. The land slopes from the mountains to the sea or, where the isthmus joins the Peninsula, to the Cape Flats. While much of the Peninsula area lies at heights of over 1,000 ft., most of the isthmus does not reach 100 ft., and a rise of sea level would convert the Peninsula into two islands nearly equal in area.

From the bottom of the slope below the face of Table Mountain there extends down to Table Bay a bed of alluvial deposits, on which a good deal of old Cape Town is built. At the shore of the Bay there is a considerable area of land that has been reclaimed from the sea as the result of the construction of the new harbour.

The City of Cape Town consists of a central portion which, before the City extension of 1913, constituted the whole Municipality and is sometimes known as Cape Town proper or central Cape Town (Wards 2-6), and a chain of suburbs on either hand. The central portion lies in the amphitheatre which, extending down to Table Bay towards the north-east, is backed on the other sides by the precipitous face of Table Mountain and on its outlying masses, Devil's Peak on the east and Lion's Head and Signal Hill on the west. It therefore lies between the mountain and the sea, and, unlike the centre of most cities, is not surrounded by its suburbs.

The suburbs extend beyond this amphitheatre on either hand. To the west, marine suburbs known as Green Point, Sea Point, Clifton, Camps Bay and Bakoven (Wards 1 and 2) lie along the Atlantic sea board for a distance of about six miles curving with the coast in a southerly direction. They are on the seaward slopes of Signal Hill and Lion's Head.

To the east the 'Southern Suburbs' (Wards 7-9 and 11-15) extend around Devil's Peak and are stretched for about sixteen miles along the road and suburban railway line which after rounding Devil's Peak pass along the eastern side of Table Mountain in a southerly direction to the shore of False Bay, Woodstock and Salt River (Wards 6 and 7), next to Cape Town proper, slope down to Table Bay, and at the other end Muizenberg, St. James and Kalk Bay (Ward 15) lie on the False Bay coast. The string of suburbs between, known successively as Observatory, Mowbray, Rosebank, Rondebosch, Newlands, Claremont, Kenilworth, Wynberg, Plumstead, Diep River, Heathfield, Retreat and Lakeside, lie on the eastern slopes of the Mountain range, and, to a greater extent, on the Cape Flats below this range.

The Municipality extends over the Cape Flats to a varying depth of up to $4\frac{1}{2}$ miles and is today being extensively developed for industrial and residential purposes. Some of the largest non-White residential townships have within recent years been laid out in these areas and are served by the Cape Flats railway and the Nyanga link which form loops lying in a more easterly direction than the main suburban line.

There is an extension of the Municipality beyond Salt River in a north-easterly direction on the Flats bordering Table Bay. This (Ward 8) includes the suburbs of Maitland, Brooklyn, Rugby, Kensington and Windermere which, together with other townships lying outside the municipal area of the city and following the main road to the north, are known as the 'Northern Suburbs'.

AREA

The area of the Municipality of Cape Town on 31st December, 1964, comprised 101.73 square miles. The boundary was adjusted to incorporate Strandfontein and the Victoria Hospital thereby adding 8.02 square miles to the municipal area. The length of the main road passing through the municipality from the boundary at Bakoven to that at Clovelly is about 26 miles.

CLIMATE

Cape Town is situated Lat. $33^{\circ} 55'$ S., Long. $18^{\circ} 25'$ E.,. Its climate is largely determined by the fact that during the summer season the prevailing winds are south-easterly and in the winter north-westerly; and that the western shore of the Cape Peninsula is washed by a cold current from the Antarctic.

There is an average of nearly three thousand hours of bright sunshine per year, and the temperature is equable. The rainy season is in the winter, but occasional showers also occur in the summer months of December, January, February and March. Those areas of the municipality situated on the two seaboards are much frequented by holiday-makers from other parts of the country. To the attractions of the climate are added the great natural beauties of the Peninsula and its hinterland.

From the point of view of public health Cape Town belongs to the temperate zone, and tropical diseases, except for imported cases, are entirely absent. The state of health and the mortality statistics of the White part of the population are much the same as would be expected in a healthy European town.

SOCIAL AND ECONOMIC CONDITIONS

Thirty-four per cent of the total population of the Municipality of Cape Town (including the Bantu Townships) of over 580,000 consists of White or 'Europeans'. The other 66 per cent is commonly designated as 'non-Whites', 78 per cent of these non-Whites are of the mixed race known as Cape Coloured, the remainder consists of Bantu and Indians.

The Cape Coloured are largely the descendants of the slaves of earlier days, whose emancipation was completed in 1835. Their ancestors of the eighteenth century and earlier were mainly Europeans, Hottentots, blacks from Mozambique, Madagascar and other parts of Africa, and East Indians from the Dutch East Indies. In more recent years they have received additions from White, Bantu and other stocks.

There is one section of the Cape Coloured, Moslem in religion, known as 'Malays' who are more immediately descended from the Dutch East Indians. Though they possess a larger infusion of this strain, they are much mixed with the other elements present in the Cape Coloured generally.

The social and economic conditions of the Cape Coloured are on the whole unsatisfactory. A section of them are skilled tradesmen and earn good wages but the majority are unskilled labourers and many of the men earn less than R10 a week when in full employment. The position is aggravated by the large size of their families, but the family income may be augmented where possible by earnings brought in by the wife and children. The measures taken for the prevention and relief of distress are inadequate, and there is no compulsory insurance against sickness. There is much malnutrition, and housing accommodation is expensive and poor. The social and cultural level is low but is showing signs of steady improvement. The principle of compulsory education does not apply to non-Whites.

There is a lack of discipline in adolescents and a serious problem caused by Coloured delinquency. The illegitimacy rate is high and venereal disease is rife. The social contrast between Whites and Cape Coloured can be expressed by the statement that whereas in the Whites it is only a small minority that belong to the depressed classes, in the Coloured it is the majority. The same contrast is seen in housing conditions; it is a small minority of Whites who live in slum conditions, but a majority of the Coloured.

The Bantu constitute only 19 per cent of the non-Whites. They live in the municipal Bantu townships, or as ordinary non-White residents in the city (where they are mostly slum dwellers) or in unsanitary shacks on the Cape Flats, or on their employers' premises. With the provision of additional housing at Guguletu Township a great step forward has been made in removing the Bantu from slum areas in the city and from the unsanitary shacks at Windermere and the Cape Flats. It is anticipated that very few Bantu will be resident in these latter areas within 12 months. Many of the Bantu are men from the Native territories who still retain their link with the territories and commonly return there eventually; but there is an increasing population of detribalised Bantu who are permanently resident in Cape Town and live here with their families. Their social and economic conditions are on the whole worse than those of the Coloured people.

The Indians are 7,000 in number. They are nearly all traders, and are better off than the Cape Coloured. Some of them are making good progress in business and becoming well-to-do.

There are parts of the city where the inhabitants are mainly non-White, and other parts that are exclusively occupied by Whites and their non-White servants. The various sections of the community, however, are to a great extent inter-mingled, and there is nothing approaching complete segregation of the races. The State Department of Community Development has commenced to unscramble the present hotchpotch of White and non-White residential areas. This activity is placing additional strains on the local authority's attempts to reduce overcrowding and clear the many slums in the city area, as the requirement by this State Department for new sub-economic homes, although varying from scheme to scheme, has amounted to as much as 50 per cent. The geographical disposition of White and Coloured is very much the same as that of well-to-do and poor in a European town. In the operations under the Housing Act the estates for Whites are separate from those for non-Whites and this will contribute to progressive residential separation. The provision of a Bantu township has the same effect.

Striking contrasts are presented by the vital statistics of the different races, which will be found in the next section of this report.

WATER SUPPLY

The following are the main sources of supply :—

Wemmershoek Dam	...	...	...	12,900 million gallons
Steenbras Dam	...	...	...	7,543 million gallons
5 Reservoirs on Table Mountain	...	...	...	522 million gallons

During 1964 the daily consumption varied between a maximum of 76.9 million gallons during the summer and a minimum of 27.2 million gallons during the winter. The average daily consumption during the year was 45.7 million gallons.

Fourteen local authorities obtain their supplies of water from the Cape Town undertaking.

DRAINAGE

Practically the entire built-up area of the municipality is provided with water-borne sanitation.

The principal sewage treatment plant is located at Athlone with a dry weather flow of 18 million gallons per day. The Athlone plant is now completely surrounded by residential areas and is only 5 miles from the centre of the city.

At the Wynberg-Muizenberg sewage works the sewage from Wynberg to Clovelly, amounting to four million gallons per day, is treated in recirculated oxidation ponds. Good progress has been made in the extension of this scheme to accommodate sewage from Guguletu, Nyanga and the developing areas of the Cape Flats. The ultimate capacity of the Cape Flats scheme incorporating Wynberg-Muizenberg will be 27 million gallons per day and treatment would be based on photosynthetic oxidation in recirculated ponds.

MARKETS

The new Wholesale and Early Morning Market at Epping, built at a cost of over R2,000,000, was opened on 3rd July, 1961. Designed specifically to meet the particular needs of Cape Town, the main hall is believed to be the biggest structure of its kind in Southern Africa. Ancillary buildings consisting of a three-platform railway terminal, administrative block, special auction block for graded and standardised products, loading platforms for 348 lorries, and minor facilities such as restaurant, rest rooms, etc. have also been built, and each one of these sections has been designed for extension when the need arises.

In moving from the old market in Sir Lowry Road, which served the city since 1812, the city's main market has been transferred from conditions of congestion to a realm of orderly spaciousness where everything has been planned to facilitate business and bring about improvements in every branch of the complex marketing organisation.

ABATTOIRS

There is no change in conditions at the Municipal Abattoir which still remains extremely congested. Building of the new R3,000,000 abattoir started in September, 1963, and is progressing satisfactorily. The new abattoir will be completed early in 1966 and when brought into commission will be able to handle meat in as hygienic a manner as anywhere in the world.

MUNICIPAL WARDS

The following is a guide to the municipal wards as re-delimited in November, 1960. Unfortunately the Census of 1960 was not conducted according to this new delimitation of the wards, so that density and ward populations will not be known for some time to come.

Ward	1.	Camps Bay, Clifton, Fresnaye, portion of Sea Point.
Ward	2.	Portion of Sea Point, Three Anchor Bay, Green Point.
Ward	3.	Harbour and adjoining lower central area.
Ward	4.	Tamboers Kloof, Oranjezicht.
Ward	5.	Gardens, Vredehoek, Zonnebloem.
Ward	6.	Lower Woodstock, Salt River.
Ward	7.	Portion of upper Salt River, Observatory, Mowbray.
Ward	8.	Brooklyn, Kensington, Maitland, Langa, Epping Industrial.
Ward	9.	East Claremont, Wyndover, Belvedere, portion of Crawford.
Ward	10.	Athlone, lower Lansdowne, Guguletu Township.
Ward	11.	Rondebosch.
Ward	12.	Newlands, Claremont.
Ward	13.	Kenilworth, Wynberg.
Ward	14.	Wittebome, Plumstead, Southfield.
Ward	15.	Diep River to Clovelly.

SECTION II. – VITAL STATISTICS.

The vital statistics in this report refer to the Municipality of Cape Town and are for the calendar year 1964. Births and deaths are attributed to date of registration.

The custom of previous reports in giving separate statistics for Bantu Townships has been abandoned in favour of grouping all Bantu as a group for statistical purposes.

The birth and death statistics are shown variously as:—

'Crude or uncorrected', including all births and deaths registered during the year as having occurred in the Municipality of Cape Town.

'Corrected for outward transfers', which is the foregoing after deduction of deaths in Cape Town of persons who were not Cape Town residents, and births in Cape Town to mothers who were not Cape Town residents.

'Corrected', which is the foregoing after the addition of locally registered births and deaths of Cape Town residents occurring outside the municipal area.

Information as to births and deaths, including inward and outward transfers, is extracted from the records, and by courtesy of the local Registrar of Births and Deaths.

In the Table on page 98 of this report the record of vital statistical rates is set out for a series of years.

Rounding: Figures are rounded off independently of one another and, therefore, may not add to totals.

POPULATION

The estimated population of the Municipality of Cape Town for the year under review and the previous year is shown in the following table. Except in the case of the Bantu, it is calculated for the middle of the period (30th June) from the final figures of the Census of 1960 and 1951.

Changing conditions relating to the presence of Bantu in the city have rendered preferable the use of the tally of the Bantu population known to the Bantu Administration of the Council, as being more factual than calculations based on the Census findings.

As the Townships, particularly Guguletu, absorb more and more Bantu, there is a corresponding shrinking in the number of Bantu resident in the city, although a small proportion of those entering the Townships originate from areas outside the city boundary.

Although the municipal area was increased by 8.02 square miles during the year, the area incorporated comprised a hospital site and a large tract of densely bushed practically uninhabited land. The estimate of population have as a result not been affected.

Race	1964			1963		
	Males	Females	Persons	Male	Females	Persons
White	93,220	103,660	196,880	92,840	103,240	196,080
Coloured	142,290	160,310	302,600	138,490	156,030	294,520
Bantu	42,890	30,650	73,540	42,280	31,200	73,480
Asiatic	4,060	3,350	7,410	4,040	3,320	7,360
Non-White ...	189,240	194,310	383,550	184,810	190,550	375,360
All Races ...	282,460	297,970	580,430	277,650	293,790	571,440

The following is an annual average of the population of the two Bantu Townships, included in previous table, based on an enumeration made at the end of each month by the Township authorities.

	Males	Females	Persons
Langa	22,860	4,560	27,420
Guguletu	14,130	15,820	29,950

HEALTH INDICATORS

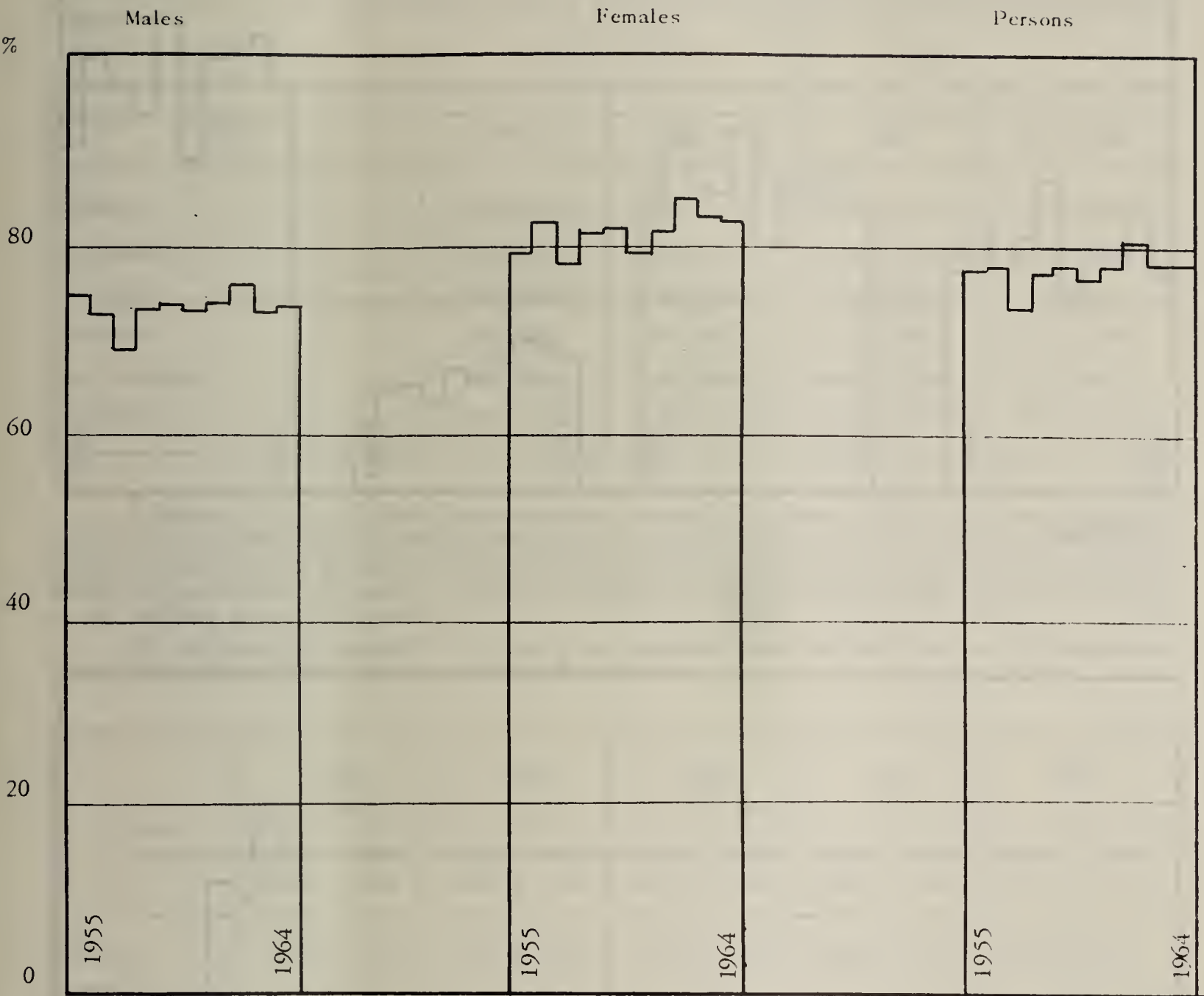
These tables indicate that the percentage of deaths occurring at age 55 and over in both racial groups of the population show, over the past ten years, a steady rise. These trends can be accepted as a satisfactory indication that the general environmental and health services are having the desired effect. More persons are attaining the age of 55 years than formerly, and, generally speaking, it is the female who enjoys the longer span of life.

The mounting percentage of deaths occurring in the higher age groups is more evident among non-Whites where the increase over the 10-year period was 23 per cent compared with 2 per cent for Whites. Notwithstanding the apparent great increase in the non-White group, the low percentage of deaths still occurring in the over 55 year age group should be noted.

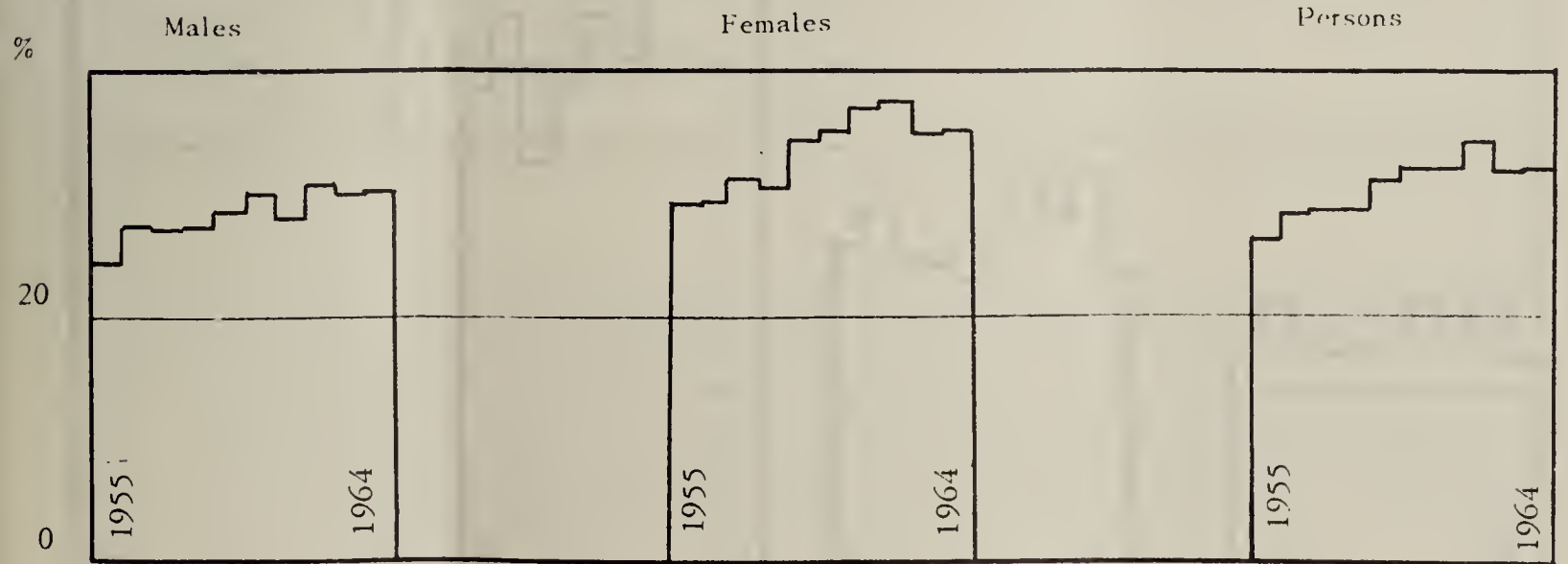
The tables relating to the infantile mortality rate reveal how the rates have declined in all age groups in both races.

HEALTH INDICATORS

Percentage of deaths, age 55 years and over



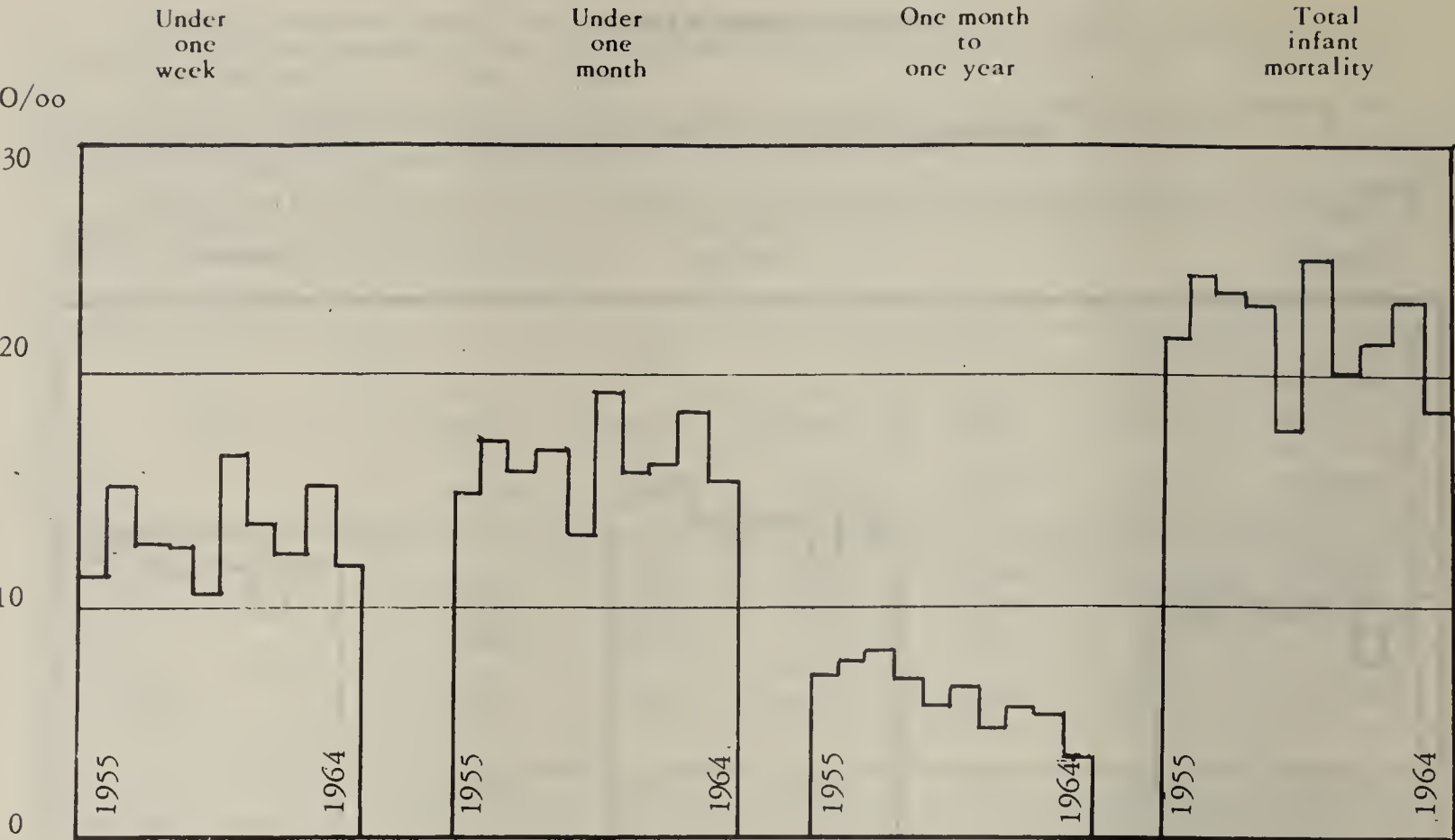
(a) Whites



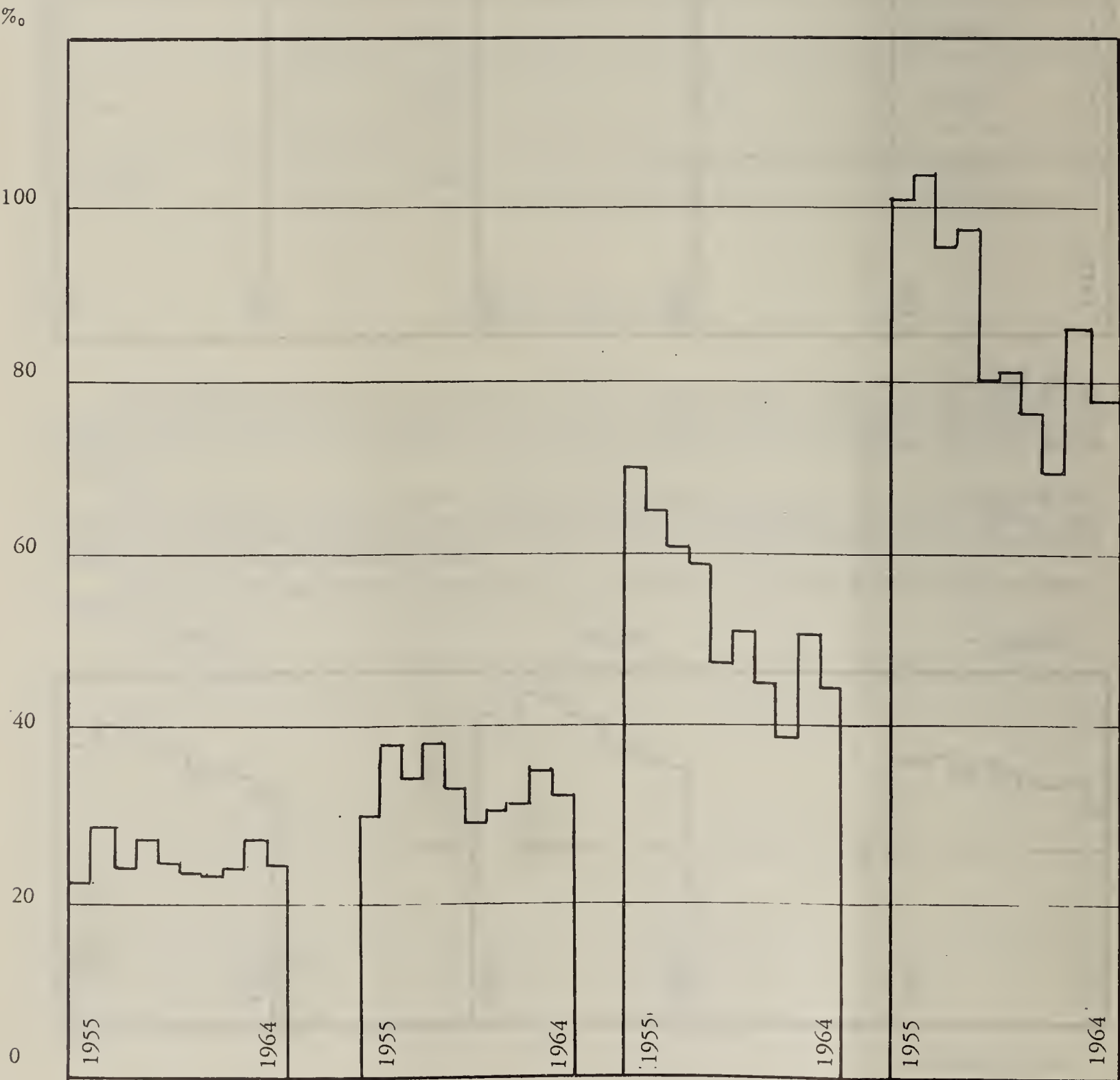
(b) non-Whites

REPORT OF THE MEDICAL OFFICER OF HEALTH

INFANT MORTALITY RATES PER 1,000 LIVE BIRTHS



(a) Whites



(b) non-Whites

BIRTHS

The corrected number of births registered during the year was as follows. As the number of birth notifications made under the Regulations re Early Notification of Births (made under section 133 (1) of the Public Health Act, No. 36 of 1919) directly to the Medical Officer of Health by institutions, midwives and others do not correspond with the number of registered births (Births and Deaths Registration Office, Department of the Interior), these more accurate figures of births for the municipality are also given in brackets for comparison.

Race	Males	Females	Total	Birth Rate
White	1870 (1903)	1831 (1797)	3701 (3700)	18.7 (18.7)
Coloured	6,424 (7224)	6,225 (7145)	12,649 (14369)	41.7 (47.4)
Bantu	796 (1516)	785 (1538)	1,581 (3054)	21.4 (41.4)
Asiatic	126 (139)	141 (142)	267 (281)	35.9 (37.8)
All non-White	7,346 (8879)	7,151 (8825)	14,497 (17704)	37.7 (46.0)
All races	9,216 (10782)	8,982 (10622)	18,198 (21404)	31.3 (36.8)

A further 3,271 (3,191) births to non-residents occurred. The figure 18,198 is 943 more than in the previous year, and maintains the steady annual increase in the birth rate of the city. No progress can be reported in convincing the State authorities concerned that birth registrations in the City of Cape Town are incomplete and that a major build-up of confusion in identity of the next generation is taking place. In addition, the use of these fallacious figures are adversely affecting the infantile mortality rates for the city in so far as the non-White groups are concerned.

The following table shows the variation in the number of births and birth rates per 1,000 population for the Municipality of Cape Town over a period of five years.

Race	1964		1963		1962		1961		1960	
	Live births	Birth rate	Live births	Birth rate	Live births	Birth rate	Live births	Birth rate	Live births	Birth rate
White . . .	3,701	18.7	3,616	18.4	3,734	19.1	3,689	19.0	3,556	18.4
Coloured . . .	12,649	41.7	12,076	41.0	11,942	42.5	11,666	42.7	11,283	42.4
Bantu . . .	1,581	21.4	1,305	17.8	1,274	18.7	1,527	23.0	1,383	21.3
Asiatic . . .	267	35.9	256	34.8	245	33.5	257	35.4	286	39.7
Non-White	14,497	37.7	13,637	36.3	13,461	37.8	13,450	38.8	12,952	38.3
All races *	18,198	31.3	17,255	30.2	17,200	31.2	17,144	31.7	16,514	31.1

* Including those of unknown race.

Illegitimate live births during the year were as follows, with direct notification figures again in brackets.

Race	Number	Percentage of total live births
White	178 (210)	4.8 (5.7)
Coloured	3,158 (3,863)	25.0 (26.9)
Bantu	525 (1,052)	33.2 (34.4)
Asiatic	5 (14)	1.9 (5.0)
All non-White	3,688 (4,929)	25.4 (27.8)
All races	3,866 (5,139)	21.2 (24.0)

A further 803 (825) illegitimate live births to non-residents occurred.

In the case of 220 pairs of twin births which were registered, the details are as follows :—

Race	No. of pairs	Children					
		Both males		Both females		Mixed	
		Legit.	Illegit.	Legit	Illegit.	Legit.	Illegit.
White ...	40	12	—	12	1	13	2
Non-White	180	48	20	45	11	47	9
Total ...	220	60	20	57	12	60	11

There were also two sets of triplets, a White mixed set and a non-White set of females.

Multiple birth incidents among births notified direct to the department were not recorded.

STILL BIRTHS

Race	Number	Still birth rate
White	48 (33)	12.8 (8.8)
Coloured	362 (327)	27.8 (22.3)
Bantu	63 (104)	38.3 (32.9)
Asiatic	5 (6)	18.4 (20.9)
All non-White	430 (437)	28.8 (24.1)
All races	478 (470)	25.6 (21.5)

The rate is calculated as per 1,000 maternities.

A further 111 (97) still births to non-residents occurred.

BIRTHS IN INSTITUTIONS

Live and still births

Race	Number	Percentage of total maternities
White	3,501 (3,468)	93 (93)
Coloured	6,762 (6,967)	52 (47)
Bantu	1,381 (1,791)	84 (57)
Asiatic	96 (63)	35 (22)
All non-White	8,239 (8,821)	55 (49)
All races	11,740 (12,289)	63 (56)

Although most of the institutions catering for non-Whites register the births gratuitously, the shortfall is apparent even here, possibly owing to the difference to be expected in reaction to non-compliance with the two requirements of State registration and immediate notification to this department.

Table G on page 93 will show the registered births and still births for the year classified in wards as to race, sex, legitimacy and the percentage of total births occurring in institutions.

In Table H on page 94 the number of births which took place in the various institutions in the municipality is listed.

The Annual birth rates since Unification (1913) are set out in years and quinquennia in Table L on page 98.

In Table M on page 99 the birth rates of certain other towns in the Republic and for England and Wales are set out for comparison.

GENERAL MORTALITY

The deaths and death rates per 1,000 population are shown in the following table :-

Race	Crude Total		Outward Transfers		Inward Transfers		Corrected Deaths	Death rate	Death rate 1963
	M.	F.	M.	F.	M.	F.			
White	1,380	1,189	315	203	46	41	2,138	10.83	10.34
Coloured	2,005	1,663	368	245	51	64	3,170	10.45	10.62
Bantu	570	326	123	73	47	46	793	10.75	9.59
Asiatic	39	10	3	—	—	—	46	6.19	6.79
Non-White	2,614	1,999	494	318	98	110	4,009	10.42	10.34
All races	3,994	3,188	809	521	144	151	6,147	10.56	10.35

Deaths in the Bantu Townships are included in the above table. The death rate for White increased by 4.7 per cent compared with the previous year, due to substantial increases in the number of deaths from cancer, vascular lesions, miscellaneous accidents and congenital malformation, in that order. Minor decreases occurred in deaths from tuberculosis and heart diseases. These causes of death are noteworthy in that deaths of aged persons are generally excluded and attributed to senility.

Among non-White the death rate increased by 0.8 per cent, with sharp variations in the number of deaths from all accidents, senility, homicide and cancer (increases), and gastro enteritis and measles (decreases). The very obvious upsurge in deaths caused by violence in an era of peace is disturbing and, from the point of view of public health, rather frustrating. Greater emphasis is therefore attached to a reduction in deaths from such preventible causes as gastro enteritis and the complications of measles.

Table L on page 98 sets out the annual death rates in years and quinquennia since Unification in 1913. For the purpose of comparison the death rates for certain other towns in the Republic and for England and Wales are set out in Table M on page 99.

Deaths registered as belonging to the Bantu Townships are included in the foregoing figures. Particulars regarding these will be found in Table A on page 85.

PRINCIPAL CAUSES OF MORTALITY

Among Whites the ranking order of principal causes of death remains unchanged from the previous year except that congenital malformation and diseases of the liver displace tuberculosis and diabetes. The increased White deaths during the year have been mainly absorbed in the "Big Five" of the list of principal causes.

As non-Whites die at an earlier age than Whites, the causes of death are much more diverse and the list of principal causes is usually reshuffled each year. White deaths can, in the main, be regarded as the natural and expected end of life, but non-White deaths, occurring as they do from preventable causes and at an early age, are a loss to the community which, with its manpower shortage and booming expansion, it can ill afford.

Int. Code No.	White			Int. Code No.	Non-White		
	Cause of Death	Deaths	Death rate		Cause of Death	Deaths	Death rate
410-416 420-422 430-434 440-443 140-205	Cardiovascular diseases (including hypertension with heart disease)	659	3.34	410-416 420-422 430-434 440-443 330-334 450-456	Cardiovascular diseases (including hypertension with heart disease)	597	1.55
	Malignant neoplasms (including neoplasms of lymphatic and haematopoietic tissues)	352	1.78		Arterial diseases (including vascular lesions affecting central nervous system)	405	1.05
330-334 450-456	Arterial diseases (including vascular lesions affecting central nervous system)	312	1.58	760-762 765-776	Certain diseases of early infancy (excluding pneumonia and diarrhoea of the newborn)	393	1.02
794	Senility without mention of psychosis	292	1.48	571,764	Diarrhoea & enteritis (including diarrhoea of the newborn)	386	1.00
E 800-E999	Accidents, poisonings and violence (external cause)	143	0.72	E800-E999	Accidents, poisonings and violence (external cause)	386	1.00
490-493 500-502 763	Bronchitis & pneumonia (including pneumonia of the newborn)	74	0.37	140-205	Malignant neoplasms (including neoplasms of lymphatic & haematopoietic tissues)	325	0.85
760-762 765-776	Diseases peculiar to early infancy (excluding pneumonia & diarrhoea of the newborn)	35	0.18	490-493 500-502 763	Bronchitis and pneumonia (including pneumonia of the newborn)	315	0.82
590-594	Nephritis and nephrosis	26	0.13	001-019	Tuberculosis (all forms)	185	0.48
750-759	Congenital malformations	25	0.13	794	Senility without mention of psychosis	119	0.31
580-583	Diseases of the Liver	25	0.13	750-759	Congenital malformations	58	0.15

The deaths listed above account for 83 per cent of all deaths.

Further details of the deaths for the year 1964 will be found in Tables A to C, pages 85 to 87 and in Table D, on pages 88-89 the rates of mortality of a short list of causes are shown by race with the corresponding figure for the previous ten years.

The contrast between the races is largely due to two factors, viz. (1) the prominence in non-Whites of deaths from causes associated with bad social and economic conditions, and (2) the difference in the age constitution of the two populations. Thus tuberculosis, diarrhoea and enteritis, bronchitis and pneumonia, which are fostered by bad living conditions and malnutrition, result in a greater mortality in the non-White groups. As regards the age factor, bronchitis and pneumonia, diarrhoea and enteritis, measles, whooping

cough and the conditions in the 'congenital' category, chiefly affect young children; and the large corresponding death rates in non-Whites are in part due not only to the fact that there is a greater proportion of young children in the non-White group but also to the lower nutritional status of this group. (The figures for infant mortality in Table K on page 96 afford a comparison between the races free from the distortion caused by difference in age constitution). Similarly cancer, circulatory diseases and diabetes occur especially in middle and old age, and the prominence of the mortality rates from these diseases in Whites is mainly due to the larger proportion of people of such age in the White population. In other words a larger proportion of non-Whites die before reaching the age when they are most liable to develop such diseases (see table, Age at Death, below).

SEASONAL VARIATION

The seasonal variation in mortality is shown in the table below and in Table C on page 87 where the deaths for the year are classified for specific causes.

			1959	1960	1961	1962	1963	Mean 5 years	1964
January	...	...	451	379	478	449	512	454	540
February	...	...	368	407	381	375	410	388	467
March	...	...	364	451	387	404	433	408	362
April	...	...	399	413	399	368	376	391	499
May	...	...	452	445	416	418	452	437	507
June	...	...	446	488	490	472	462	472	507
July	...	...	464	451	529	547	504	499	575
August	...	...	419	494	520	487	622	508	516
September	...	...	400	405	394	405	554	432	520
October	...	...	379	401	433	404	477	419	431
November	...	...	346	450	409	350	419	395	437
December	...	...	356	392	313	328	376	353	491
Total	...	...	4,844	5,176	5,149	5,007	5,597	5,155	5,852
Mean	...	...	404	431	429	417	466	430	488
Per 1,000 population ...			8.8	10.3	10.3	9.9	9.8	9.8	10.1

Corrected for outward transfers only.

AGE AT DEATH

The number of deaths at various ages, with the percentage of total deaths, is summarized in the following table :-

Race		Age groups											
		0 - 1		1 - 5		5 - 25		25 - 65		65 and over		Total	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Deaths	White	33	37	5	8	33	19	474	264	566	699	1,111	1,027
	Coloured	433	391	123	120	105	48	701	532	326	391	1,688	1,482
	Bantu	147	146	37	39	35	21	237	72	38	21	494	299
	Asiatic	5	3	1	-	-	1	16	4	14	2	36	10
Non-White		585	540	161	159	140	70	954	608	378	414	2,218	1,791
All races		618	577	166	167	173	89	1,428	1,172	944	813	3,329	2,818
Percent-age	White	3.0	3.6	0.4	0.8	3.0	1 8	42.7	25.7	50.9	68.1	100	100
	Coloured	25.7	26.4	7.3	8.1	6.2	3.2	41.5	35.9	19.3	26.4	100	100
	Bantu	29.7	48.8	7.5	13.0	7.1	7.0	48.0	24.1	7.7	7.0	100	100
	Asiatic	13.9	30.0	2.8	-	-	10.0	44.4	40.0	38.9	20.0	100	100
Non-White		26.4	30.2	7.3	8.9	6.3	3.9	43.0	33.9	17.0	23.1	100	100
All races		18.6	20.5	5.0	5.9	5.2	3.2	42.9	41.6	28.3	28.8	100	100

The percentage of non-White deaths under one year of age is eight times greater than that for Whites. In the non-White group 28.1 per cent of all deaths occur under the age of one year.

Deaths under five years of age constitute 3.9 per cent of all deaths in Whites as compared with 36.0 per cent in non-Whites (Coloured 33.7, Bantu 46.5, Asiatic 17.4 respectively). The non-White figure decreased from 41.1 per cent in the previous year.

Deaths under 25 years of age constitute 6.3 per cent of all deaths in Whites compared with 6.5 per cent in the previous year, while among non-Whites 41.3 per cent of all deaths occurred under 25 years of age, a decrease from 45.8 per cent recorded in the previous year.

The following table shows the percentage of deaths in age-groups at intervals during the past years:—

Year	White									
	0 – 1		1 – 5		5 – 25		25 – 65		65 +	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1915	23	24								
1925	16	13	4	7	8	8	45	40	27	32
1935	6	9	4	3	7	9	42	37	41	41
1945	7	7	2	2	4	5	40	35	47	51
1955	5	3	1	1	2	1	36	29	56	66
1960	5	3	1	1	2	2	39	29	53	65
1964	3	4	0	1	3	2	43	26	51	68
Non-White										
1915	39	36								
1925	34	33	16	19	10	14	33	26	6	8
1935	27	28	21	21	10	13	33	28	9	10
1945	26	24	15	19	10	15	39	30	10	12
1955	32	33	14	16	6	5	33	26	15	20
1960	31	31	10	10	6	5	37	29	17	26
1964	26	30	7	9	6	4	43	34	17	23

The deaths and death rates per 1,000 population are shown in the accompanying table according to sex:—

Race	Crude		Corrected					
			Deaths		Rate 1964		Rate 1963	
	M.	F.	M.	F.	M.	F.	M.	F.
White	1,380	1,189	1,111	1,027	11.9	9.9	11.4	9.4
Coloured	2,005	1,663	1,688	1,482	14.1	10.3	12.4	9.1
Bantu	570	326	494	299	13.3	9.7	10.1	8.9
Asiatic	39	10	36	10	8.8	3.0	9.2	3.9
Non-White	2,614	1,999	2,218	1,791	11.7	9.2	11.8	9.0
All races	3,994	3,188	3,329	2,818	11.8	9.4	11.6	9.1

DEATH RATES

The following table shows the variation in the number of deaths and death rates per 1,000 population for the Municipality of Cape Town over a period of five years. Figures for the Bantu Townships have been included.

Race	1964		1963		1962		1961		1960	
	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate
White	2,138	10.83	2,027	10.34	2,058	10.54	1,986	10.21	2,116	10.92
Coloured	3,170	10.45	3,128	10.62	2,862	10.19	2,982	10.91	2,821	10.60
Bantu	793	10.75	705	9.59	709	10.42	716	10.78	680	10.50
Asiatic	46	6.19	50	6.79	49	6.70	57	7.85	63	8.74
Non-White	4,009	10.42	3,883	10.34	3,620	10.16	3,755	10.82	3,564	10.54
All races *	6,147	10.56	5,913	10.35	5,683	10.31	5,746	10.61	5,686	10.68

* Including those of unknown race.

DEATHS IN INSTITUTIONS

The number of deaths occurring in institutions and the percentage of total deaths are shown in the following table :—

Race	Crude		Corrected for Outward Transfers	
	Deaths in institutions	Percentage of total deaths	Deaths in institutions	Percentage of total deaths
White	1,494	58	1,034	50
Coloured	1,817	50	1,252	41
Bantu	523	58	340	49
Asiatic	17	35	14	30
Non-White	2,357	51	1,606	42
All races	3,851	54	2,640	45

There are 43 recognised general hospitals and private nursing homes in the municipality.

HOME ACCIDENTS

The following list of deaths in Cape Town from accidents in the home (90) has been compiled from death certificates where mention is made of an accident being either the main or a contributing cause of death:—

Cause	Sex	Age Groups									
		0 – 4		5 – 14		15 – 24		25 – 64		65 +	
		E.	O.	E.	O.	E.	O.	E.	O.	E.	O.
Burns	M.		2		3				5	2	1
	F.	1	1		2		1		4		
Falls	M.				1			2	4	10	2
	F.		2						3	19	1
Suffocation	M.	1	3					1			
	F.		2	1							
Poisoning by drugs	M.		1								
	F.		1		1			1	1		
Carbon Monoxide Poisoning	M.						2				
	F.						1				
Drowning	M.										
	F.							2			
Trauma	M.		1		2			1			
	F.										
Electrocution	M.										
	F.					1					
Firearms	M.										
	F.					1					
Total	M.	1	7		6		2	4	9	12	3
	F.	1	6	1	3	2	2	3	8	19	1

The above figures represent a 50 per cent increase on the previous year, confined mainly to falls among elderly Whites.

DEATHS BY OCCUPATION

Deaths at certain ages are classified here as to occupation at time of death.

Occupation	Sex	Age Groups								Out of City	
		15 - 25		25 - 45		45 - 65		65 +			
		W.	O.	W.	O.	W.	O.	W.	O.	W.	O.
Agriculture	M.					1		2		24	1
	F.										
Clerical	M.	5	1	10	3	56	5	7	1	23	
	F.	3		5	1	9		1		5	
Domestic Servant	M.				2		1		1		
	F.		2		27		8		2		10
Fishing and Marine	M.	1	1	4	9	3	8		1	3	8
	F.										
Invalid	M.	2	3	7	11	5	11	2	6	6	3
	F.	2	3	2	5	4	10	6	2	6	
Labourer	M.		63	1	220	6	229		45	1	152
	F.										
Managerial	M.			4		29	1	23		14	
	F.								1		
Commercial	M.			3	2	11	14	16	3	8	2
	F.					4					
Professional	M.			7		17		10		9	
	F.			1	1	3		1		1	
Police and Military	M.	1		4	3	5				1	
	F.									5	1
Salesman	M.	2		4	3	11	13	5	2	3	5
	F.			1	1	2		1			
Scholar	M.	7	6							2	3
	F.	1	8							2	1
Teacher	M.				2		4			4	
	F.				2	4	1			1	
Tradesman	M.	4	2	28	31	68	77	16	15	34	15
	F.		1		1	1					
Transport	M.	1		12	21	25	23	1	2	18	6
	F.										
Other Workers	M.	1	5	4	19	18	34	4	19	4	9
	F.	1	4		9	2	6	2			1
Housewives	M.										
	F.	4	13	24	128	159	277	314	83	126	78
Retired, etc.	M.	2	2	4	27	110	121	451	273	101	35
	F.	2	1	1	3	30	81	345	301	40	17
Total	M.	26	83	92	353	365	541	537	368	259	240
	F.	13	32	34	178	218	383	670	389	181	107

Corrected for outward transfers only.

SUICIDE

The suicide rate per 1,000 population has been almost constant since 1960. During this period 3.8 times as many males as females committed suicide, the non-White proportion being slightly higher than in the case of Whites. Nearly half of these events occurred among persons in the prime of life, i.e. age-group 25 to 45 years.

Deaths by suicide. Number.

Year	White		Non-White		Total		Persons	Rate per 1,000
	Male	Female	Male	Female	Male	Female		
1960 ...	20	7	16	3	36	10	46	0.09
1961 ...	20	7	9	3	29	10	39	0.07
1962 ...	24	7	14	—	38	7	45	0.08
1963 ...	21	4	15	5	36	9	45	0.08
1964 ...	25	7	11	3	36	10	46	0.08

Death by suicide. Age group.

Year	10—15		15—25		25—45		45—65		65 +		Total
	W.	Non-W.	W.	Non-W.	W.	Non-W.	W.	Non-W.	W.	Non-W.	
1960 ...	—	1	2	3	12	10	10	3	3	2	46
1961 ...	—	—	4	3	10	8	11	1	2	—	39
1962 ...	1	—	2	3	9	8	18	2	2	—	45
1963 ...	—	—	2	4	12	12	9	4	2	—	45
1964 ...	—	—	4	1	13	9	11	4	4	—	46

Deaths by suicide. Mode.

	1960	1961	1962	1963	1964
Drug Poisoning	14	20	23	15	12
Hanging	8	6	8	9	9
Firearms	6	6	9	8	11
Carbon monoxide poisoning ...	6	3	4	6	6
Falls	4	3	—	4	2
Railway	5	—	1	2	3
Drowning	2	—	—	1	1
Wounds	1	1	—	—	2
Burns	—	—	—	—	—

ACCIDENTAL DEATHS

The table below sets out the causes of accidental deaths over a series of years. These figures represent the minimum of deaths from unnatural causes, as inquest findings do not always establish the cause of death.

	1964	1963	1962	1961	1960
Railway	22	9	5	8	10
Road traffic	186	135	114	135	114
Poisoning	15	6	9	14	11
Falls	40	31	37	25	30
Drowning	23	21	21	23	20
Asphyxia	8	2	6	9	5
Burns	24	29	14	17	23
Trauma	10	9	8	4	10
Firearms	1	—	2	2	3
Electrocution	2	—	3	—	—
Miscellaneous	21	5	3	6	10
Total ...	352	247	222	243	236

INFANT MORTALITY

The deaths of infants under one year of age and the corresponding rates per 1,000 live births registered during the year 1964 are shown in the following table:—

Race	Crude		Outward Transfers		Inward Transfers		Corrected infant deaths	Infant mortality rate	Rate 1963
	M.	F.	M.	F.	M.	F.			
White	72	54	39	17	—	—	70	18.9	23.2
Coloured	553	503	126	116	6	4	824	65.1	73.8
Bantu	170	167	31	33	8	12	293	185.3	207.7
Asiatic	8	3	3	—	—	—	8	30.0	46.9
Non-White	731	673	160	149	14	16	1,125	77.6	86.1
All races	803	727	199	166	14	16	1,195	65.7	73.0

Infant Mortality Rates.

The infant mortality rate is of special significance because it is regarded as one of the most sensitive indexes of health conditions of the general population. The correct computation of this rate is therefore important. Errors in the rate arise from under-registration of births, and it is difficult to understand the apathy of State authorities concerned when confronted with the fact that, annually, 3,000 more births are known to this department than are registered.

In fairness to this city and to those engaged in research and statistical projects, it has been decided to supplement the conventional figures with those derived from a second equally authoritative source (Early Notification of Births Regulation) and yielding results considered by this department to be as accurate as it is possible for such rates to be.

Race	Infant deaths	Rate per 1,000 live births, based on	
		Registrations	Notifications
White	70	18.9	18.9
Coloured	824	65.1	57.3
Bantu	293	185.3	95.9
Asiatic	8	30.0	28.5
All non-White	1,125	77.6	63.5
All race s	1,195	65.7	55.8

The number of infant deaths fell sharply during the year under review. Among Whites, the main variation was a sharp drop in infant deaths from prematurity, with a lesser increase in those from congenital malformation.

In the non-White group the decrease in infant deaths was general with enteritis, measles and bronchitis most prominent.

The figures show that 1964 has been a “good year” for infant mortality.

In the year under review 63 per cent of the total deaths among White infants occurred in the first week of life (perinatal period) and 81 per cent in the first month (neonatal). Among non-Whites the percentages were 32 and 42 respectively.

The causes of infant mortality both for children under one year of age and children between one and two years of age are set out in Table K on page 96. This Table indicates very clearly the fall in infant mortality over the past forty years, and in recent years the decline in the number of infant deaths from tuberculosis. Tables E and F on pages 90 and 92 show the deaths of infants classified according to age, cause, months and legitimacy.

The infant mortality rates since Unification (1913) are set out in years and quinquennia in Table L on page 98.

Infant Mortality, 1964 (corrected for outward transfers):—

	White	Non-White	All races.
First quarter	22 (22)	89 (77)	76 (67)
Second quarter	18 (18)	84 (73)	70 (63)
Third quarter	21 (21)	65 (53)	56 (48)
Fourth quarter	15 (16)	62 (46)	52 (41)

The rate based on birth notifications is given in brackets.

The number of deaths of infants under one year of age and the infant mortality rates per 1,000 live births registered for the past five years are shown in the following table.

Events in the Bantu Townships have been included.

	1964		1963		1962		1961		1960	
	Deaths under 1 year	Infant mortality rate	Deaths under 1 year	Infant mortality rate	Deaths under 1 year	Infant mortality rate	Deaths under 1 year	Infant mortality rate	Deaths under 1 year	Infant mortality rate
White ...	70	18.9	84	23.2	81	21.7	74	20.1	90	25.3
Coloured	824	65.1	891	73.8	789	66.1	839	71.9	839	74.4
Bantu ...	293	185.3	271	207.7	281	220.6	303	198.4	282	203.9
Asiatic ...	8	30.0	12	46.9	8	32.7	13	50.6	11	38.5
Non-White	1,125	77.6	1,174	86.1	1,078	80.1	1,155	85.9	1,132	87.4
All races *	1,195	65.7	1,260	73.0	1,164	67.7	1,234	72.0	1,228	74.4

* Including those of unknown race

The neonatal (under 4 weeks) and post neonatal (over 4 weeks but under one year) mortality rates per 1,000 live births registered are shown in the following table, classified for certain causes. The rates based on birth notifications are not given here as there is no comparison with the previous year available and in any case the difference in individual causes of death would be insignificant.

Cause of death	Neonatal mortality rate		Post neonatal mortality rate		Infant mortality rate	
	White	Non-White	White	Non-White	White	Non-White
Whooping cough				0.28		0.23
Scarlet fever						
Measles			0.27	0.83	0.27	0.83
Diphtheria						
Tuberculosis (all forms) ...				0.41		0.41
Syphilis		0.28		0.14		0.41
Bronchitis and pneumonia ...	1.08	1.86	0.27	9.11	1.35	10.97
Diarrhoea and enteritis ...	0.27	1.31	0.81	19.31	1.08	20.62
Immaturity	3.24	13.73		0.62	3.24	14.35
Injury at birth	1.62	4.14		0.07	1.62	4.21
Congenital malformations ...	4.32	1.79	1.08	1.66	5.40	3.45
Other diseases of early infancy	4.59	6.62		1.93	4.59	8.55
Other and ill-defined or unknown causes	0.27	2.55	1.08	10.97	1.35	13.52
Total	15	32	4	45	19	78

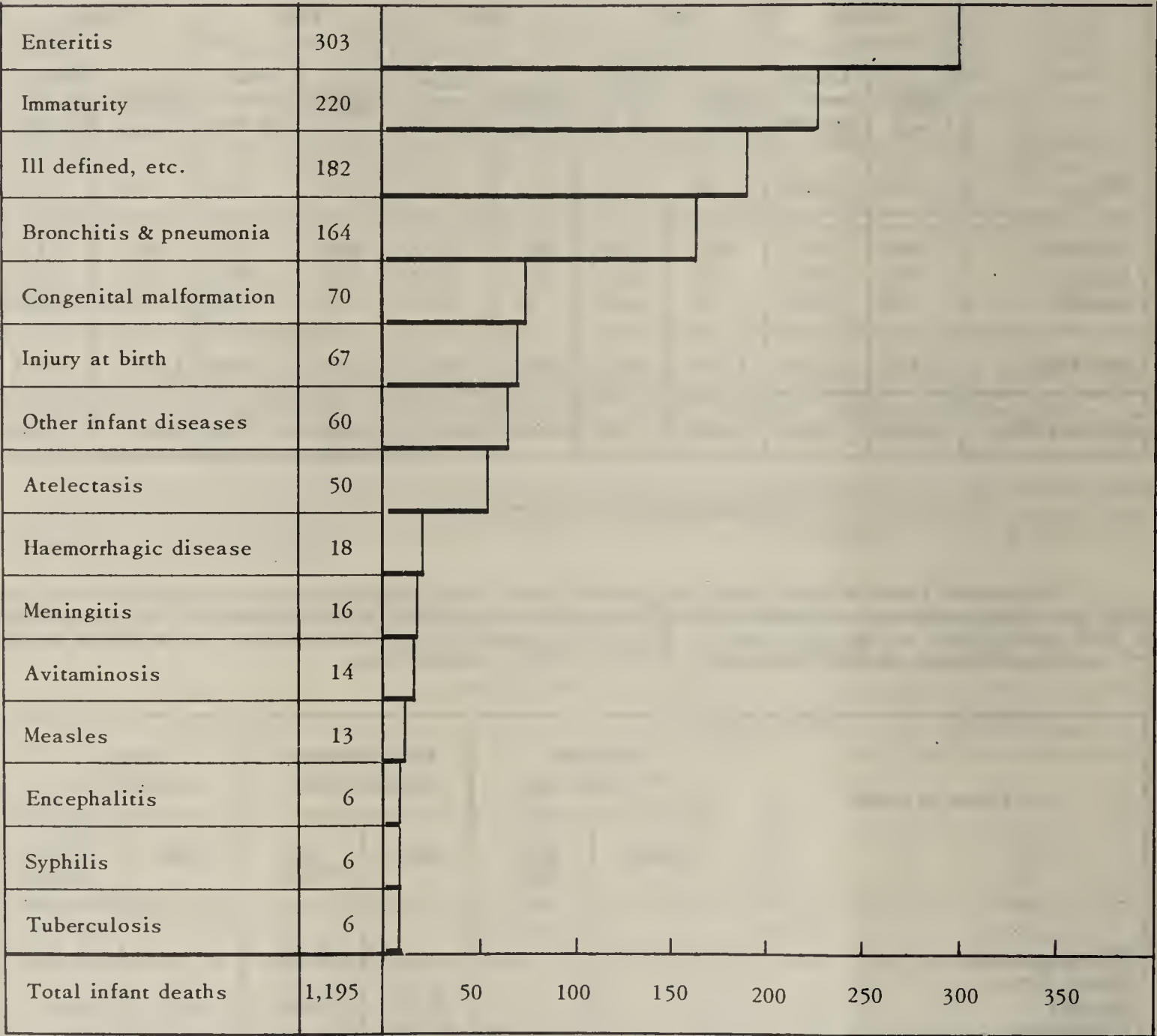
The reduction in the White infant mortality rate is confined to the neonatal deaths where there was a very satisfactory decline in the number of deaths from immaturity, but unfortunately in this group deaths from congenital malformation were more in evidence than in the previous year.

There was a slight reduction in the non-White neonatal mortality rate, but most significant was the much reduced post neonatal mortality rate accounted for by fewer deaths from measles, enteritis and bronchitis.

The fear expressed in the previous report of the possible adverse effect on the non-White infant mortality rates following the inclusion of statistics from the Bantu Townships and a large poverty stricken area on the Cape Flats has not materialised and the infant mortality rates continue to decline.

INFANT MORTALITY, 1964.

All races.



Proportion of infant deaths, neonatal 43.1%
post neonatal 56.9%

The trend in infant mortality since 1955 is as follows –

White

Cause of death	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
Whooping cough										
Tuberculosis	0.3									
Measles									0.3	0.3
Diphtheria										
Syphilis										
Bronchitis and pneumonia	1.5	1.1	2.0	4.4	2.7	1.7	1.1	2.7	1.7	1.4
Gastro enteritis	1.8	3.1	1.4	0.3	0.3	1.1	1.9	1.3	1.1	1.1
Immaturity	4.5	6.7	6.2	6.5	4.2	7.6	6.8	5.1	6.9	3.2
Injury at birth	2.1	3.6	2.8	2.2	1.9	3.7	1.1	2.1	2.5	1.6
Congenital malformations	5.4	3.9	3.6	5.7	4.0	3.7	3.0	3.8	2.5	5.4
Other diseases of early infancy	4.2	4.2	4.2	2.7	3.2	3.4	4.6	5.9	4.7	4.6
Other causes	1.8	2.0	3.4	1.4	1.3	4.2	1.6	0.8	3.6	1.4
All causes	21	25	24	23	18	25	20	22	23	19

Non-White

Whooping cough	0.8	0.1	1.0	0.3	0.4	0.5	0.5	0.3	0.3	0.3
Tuberculosis	3.3	2.6	2.7	0.9	1.1	0.4	0.6	0.2	0.6	0.4
Measles	0.7	0.1	1.0	0.7	0.5	1.1	0.8	0.5	2.1	0.8
Diphtheria	0.2		0.1				0.2	0.1	0.1	
Syphilis	0.3	0.2	0.4	0.1	0.2	0.2	0.2	0.1	0.4	0.4
Bronchitis and pneumonia	15.5	14.8	15.1	15.7	11.7	12.6	10.8	12.3	13.0	11.0
Gastro enteritis	45.4	42.3	35.1	38.8	28.8	29.1	26.1	21.3	25.2	20.6
Immaturity	13.4	17.4	14.6	16.8	12.9	13.1	14.0	15.1	15.9	14.4
Injury at birth	5.7	5.7	5.7	5.4	5.1	4.4	4.0	3.8	5.2	4.2
Congenital malformations	2.9	3.2	3.4	2.6	3.0	2.9	3.5	4.3	3.2	3.5
Other diseases of early infancy	6.0	8.6	6.6	8.4	9.2	7.7	7.6	6.1	8.7	8.6
Other causes	6.8	8.1	9.7	7.9	7.5	8.9	7.8	5.8	11.4	13.5
All causes	101	103	95	98	80	81	76	70	86	78

The following table shows the corrected number of perinatal (stillbirths and deaths in the first week of life), neonatal and post neonatal deaths for the various races and the corresponding rates per 1,000 live births registered, with rates based on birth notifications in brackets.

Race	Perinatal		Neonatal		Post neonatal	
	Deaths	Rate	Deaths	Rate	Deaths	Rate
White	92	25(25)	57	15(15)	13	4(4)
Coloured	653	50(44)	376	30(26)	448	35(31)
Bantu	132	80(42)	86	54(28)	207	131(68)
Asiatic	9	33(31)	6	23(21)	2	8(7)
All non-White	794	53(44)	468	32(26)	657	45(37)
All races	886	47(41)	525	29(25)	670	37(31)

The next table shows the variation in the perinatal, neonatal and post neonatal rates over a period of five years :—

Year	White			Non-White		
	Peri-natal	Neo-natal	Post neonatal	Peri-natal	Neo-natal	Post neonatal
1960	26	19	6	49	29	52
1961	27	15	5	55	30	46
1962	22	16	6	47	31	39
1963	27	18	5	54	35	51
1964	25	15	4	53	32	45
Quinquennium (1960 — 1964)	25	17	5	50	32	47

SEASONAL VARIATION

The seasonal variation in infant mortality is shown in the following table and in Table E on page 90 where the infant deaths for the year 1964 are classified for certain causes.

	1959	1960	1961	1962	1963	Mean 5 years	1964
January	136	98	123	112	159	126	140
February	102	111	90	95	114	102	110
March	96	107	95	84	109	98	107
April	100	95	72	76	89	86	107
May	63	80	78	80	85	77	111
June	92	103	94	86	91	93	95
July	76	64	86	106	97	86	106
August	75	87	88	80	114	89	73
September	71	83	80	63	90	77	91
October	64	75	78	71	104	78	58
November	85	94	91	49	77	79	78
December	82	93	64	54	93	77	89
TOTAL	1,042	1,090	1,039	956	1,222	1,070	1,165
Mean	86.8	90.8	86.6	79.7	102	89.2	97.1
Per 1,000 live births ...	65.5	68.3	63.5	58.2	70.9	65.3	64.0

Corrected for outward transfers only.

The infant mortality in respect of legitimate and illegitimate infants amongst the various races is shown in the following table. The alternative rate shown in brackets is based on births notified direct to the department.

Race	Rates per 1,000 live births	
	Legitimate	Illegitimate
White	16.7 (16.9)	2.3 (2.3)
Coloured	53.4 (48.3)	27.9 (25.2)
Bantu	86.2 (45.5)	96.6 (50.9)
Asiatic	22.9 (22.5)	3.8 (3.7)
All non-White	59.9 (50.6)	34.0 (28.8)
All races	49.3 (43.4)	26.2 (23.1)

The deaths of 113 infants under one year of age are excluded from above figures as information regarding legitimacy was unobtainable. It is interesting to note that the illegitimate infantile mortality rate for the White, the Coloured and the Asiatic groups are all considerably lower than the legitimate rate. No valid explanation can be offered for this position.

Infant mortality rates for certain other towns in South Africa and for England and Wales are set out in Table M on page 99 for purpose of comparison.

MATERNAL MORTALITY.

The following table shows the corrected number of deaths from causes ascribed to pregnancy and childbirth including abortion, and the corresponding rate per 1,000 total deliveries (live and still births). The alternative rate shown in brackets is based on births notified direct to the department.

Int. Code No.	Cause of death	Deaths			Maternal mortality rates
		White	Non-White	All races	All races
681 640, 641, 651, 682, 684	Puerperal fever Other puerperal septicaemia (including abortion with sepsis)	— 2	— 10	— 12	— 0.64 (0.55)
642, 652, 685-686 643-644 670-672 650	Toxaemia of pregnancy and the puerperium Haemorrhage of pregnancy and childbirth Abortion without mention of sepsis or toxaemia	— — —	1 — 1	1 — 1	0.05 (0.05) — 0.05 (0.05)
645-649 673-680 683 687-689	Other complications of preg- nancy, childbirth and the puerperium	—	1	1	0.05 (0.05)
	All causes (except puerperal septicaemia)	—	3	3	0.16 (0.14)
	Total	2	13	15	0.80 (0.69)

Three of the foregoing deaths occurred in the Bantu Townships. Another maternal death, a non-White in domestic service, was unclassified, being due to undiagnosed ruptured ectopic pregnancy.

The maternal mortality rates per 1,000 total deliveries registered during 1964 and in the previous years were as follows –

	Puerperal septicaemia			Other causes			All causes		
	W.	Non-W.	All races	W.	Non-W.	All races	W.	Non-W.	All races
1950-54 ...	0.11	0.34	0.29	0.46	1.12	0.96	0.57	1.47	1.24
1955-59. ...	0.11	0.39	0.33	0.27	1.11	0.91	0.38	1.50	1.24
1960 ...		0.86	0.67		0.70	0.55		1.57	1.22
1961. ...	0.27	0.46	0.42		0.61	0.48	0.27	1.07	0.89
1962 ...	0.27	0.31	0.30	0.27	0.69	0.60	0.53	1.00	0.89
1963 ...		1.00	0.79		0.57	0.45		1.57	1.24
1964 ...	0.53	0.67	0.64		0.20	0.16	0.53	0.87	0.80

These overall figures and rates for all races are the lowest recorded since 1950. Notwithstanding, there is no reason why they should not be improved even further, to the benefit of the family where the loss of the mother is a catastrophe of the first magnitude.

SECTION III. – MATERNAL AND CHILD WELFARE.

DR. ISOBEL ROBERTSON, B.A., M.B., CH.B., D.P.H.,
MATERNAL AND CHILD WELFARE OFFICER.

This Branch is, in the main, responsible for health education and for preventive work amongst expectant mothers and pre-school children. The main activities of the Branch are set out in the following pages and in the carrying out of these duties the staff of 60 Health Visitors are guided and controlled by four full-time and 50 part-time Medical Officers.

The clinic sessions are conducted in 20 municipal welfare centres sited as near as possible to the homes of the population groups which they have been designed to serve, in part of the old Langa Hospital, in the John Power Memorial Camp, Muizenberg, and in four hired halls.

A new creche and nursery school at Retreat Housing Estate, built at a cost of approx. R25,000, was opened during September. This Estate comprises 2,800 houses, and is remote from the usual places of employment of the tenants. The new creche with accommodation for 60 children and 20 infants is an essential adjunct to this modern housing estate.

The child welfare centre at Station Road, Claremont, was closed during October. The premises consisted of a private dwelling adapted for the purpose of a clinic in 1925. In view of hard usage since that time and basic unsuitability of layout, the present need for expansion could only be filled by a new modern clinic, so the old premises have been demolished to make way for this new structure. The usual clientele were during rebuilding temporarily transferred to the Wesley Street clinic in the same suburb, and to the Claremont Civic Centre.

The intensive programme of immunisation against poliomyelitis, diphtheria, whooping cough and tetanus has been continued throughout the year.

The immunisation of newborns by the use of the B.C.G. vaccine has also continued, those born in the maternity institutions being vaccinated there by the staff members of the Peadiatric Department of the University of Cape Town Medical school, while those born at home being dealt with at special sessions conducted by the Branch's staff at the various child welfare centres. The number (20477) of newborns vaccinated by this method against tuberculosis was most gratifying.

MATERNAL AND CHILD WELFARE CENTRES

Sessions are held at 26 municipal and other centres in the city and suburbs. As there is no centre for the central city area, sessions are held for Whites in halls hired for the purpose, and for non-Whites temporary use is made of a house in the Malay quarter.

The table on page 32 indicates the attendances (classified for race) at the various child welfare sessions, pre-natal clinics and school clinics held at the various centres during the year, together with the number of children attending for snacks and milk during this period.

CHILD WELFARE SESSIONS

During the year, 67 child welfare sessions were held weekly and four fortnightly. At these sessions, 319,990 attendances were recorded. 19,699 of these children were new cases. 18,367 (2,132 White and 16,235 non-White) were under one year of age at the time of their first attendance, and 1,532 (156 White and 1,376 non-White) were over one year of age at that time. These figures show a decrease of 13,632 from the previous year, but this is not considered to indicate any decline in popularity of the clinics, as, in fact, the annual increase in attendances over the past five years was so great as to be somewhat mystifying, and a flattening-out of the growth of 'clinic mindedness' simply had to occur.

First attendances of children under one year of age were again in excess of registered, but not of notified, local births. Of these, the White attendances amounted to 57.6 per cent of the registered local births, a decrease from 58.6 in the previous year. First attendances of non-Whites were considerably in excess of registered local births, and 92 per cent of births notified direct to the department.

These figures do not include White infants who attended for consultation at the S.A. Mothercraft Training Centre in Claremont. If these are included, the percentage of White attendances would be materially increased.

The attendances at the child welfare sessions over a period of years are shown in the following table:—

Centre	1964	1963	1962	1961	1960
Shortmarket Street	9,690	9,424	9,872	8,333	9,778
Kloof Street	2,334	2,089	2,315	2,312	2,039
Aspeling Street	20,643	25,551	26,489	20,761	20,509
Bloemhof	9,005	10,626	11,180	9,028	7,387
Devil's Peak	2,320	2,030	1,755	1,948	1,816
Green Point	2,093	2,025	2,094	2,126	1,870
Camps Bay	1,105	787	634	636	636
Woodstock	12,315	13,449	12,787	13,047	12,013
Welcome Estate		1,953			
Maitland	5,060	5,323	5,607	4,909	4,781
Brooklyn	3,008	3,083	3,008	2,947	3,184
Kensington	32,335	36,120	35,191	29,756	27,964
Langa	4,367	4,795	4,425	3,565	3,416
Guguletu	21,509	19,799	16,501	12,893	11,050
Athlone	21,740	23,544	24,186	22,468	20,196
Bokmakirie	15,336	15,313	13,380	11,690	11,589
Bonteheuwel	34,573	28,422	22,099	380	
Bridgetown		6,860	14,210	11,089	
Silvertown	22,739	13,601			9,308
Claremont (Station Road) ...	10,358	14,596	11,653	8,456	7,741
Claremont (Wesley Street) ...	8,255	7,000	5,871	5,821	5,326
Claremont (Franklin Road) ...			63	698	1,045
Lansdowne	13,715	12,983	11,377	9,081	8,382
Wynberg	11,442	11,050	11,260	11,807	12,168
Parkwood and Southfield ...	6,097	6,178	6,180	5,990	7,841
Heathfield	8,540	11,149	11,461	8,343	
Retreat Road, Retreat					7,975
11th Avenue, Retreat	34,176	38,131	32,694	26,782	21,076
Muizenberg (Atlantic Road) ...				295	389
Muizenberg (Prince George Drive)	6,472	7,105	5,587	4,409	3,148
Kalk Bay	763	631	894	922	1,058
Totals	319,990	333,622	302,773	240,492	223,700

Centre	Race	Infant consultations				Pre-natal clinics			School clinics			Dinners	
		Sess- ions	First attendances		Total attend- ances	Sess- ions	Attendances		Sess- ions	Attendances		Attendances	
			Under 1 year	Over 1 year			First	Total		First	Total	Adults	Child- ren
Shortmarket St., Cape Town.	White. Non-White. Total	155	597 597	12 12	9,690 9,690	41	229 229	1,020 1,020	20	132 132	445 445	55 55	363 363
Kloof Str., Cape Town	White Non-White Total	50	240 240	1 1	2,334 2,334								
Aspeling Str., Cape Town	White Non-White Total	238	1,105 1,105	48 48	20,643 20,643	51	484 484	2,263 2,263	40	934 934	3,333 3,333	695 695	2,596 2,596
Bloemhof	White Non-White Total	114	464 464	10 10	9,005 9,005								
Devil's Peak Estate Cape Town	White Non-White Total	46	205 205	6 6	2,320 2,320								
Green Point	White Non-White Total	50	150 150	2 2	2,093 2,093								
Camps Bay	White Non-White Total	26	106 106		1,105 1,105								
Woodstock	White Non-White Total	202	292 758 1,050	12 58 70	2,765 9,550 12,315	50	10 177 187	25 802 827	195	259 658 917	1,133 2,698 3,831		
Maitland	White Non-White Total	97	94 281 375	13 15 28	1,291 3,769 5,060	51	10 299 309	22 1,291 1,313	20	3 148 151	8 356 364		
Brooklyn	White Non-White Total	53	187 187	4 4	3,008 3,008								
Kensington	White Non-White Total	251	1,525 1,525	96 96	32,335 32,335	103	1,323 1,323	5,114 5,114	20	557 557	1,502 1,502	1,344 1,344	13,641 13,641
Langa	Bantu	47	470	31	4,367	52	589	2,629					
Guguletu	Bantu	145	2,231	311	21,509	150	2,105	9,484					
Athlone	White Non-White Total	199	1,199 1,199	93 93	21,740 21,740	52	834 834	3,751 3,751	21	375 375	831 831	1,647 1,647	9,533 9,533
Bokmakarie	White Non-White Total	148	527 527	16 16	15,336 15,336	98	539 539	2,639 2,639	42	249 249	498 498	1,378 1,378	10,760 10,760
Bonteheuwel	White Non-White Total	200	1,761 1,761	181 181	34,573 34,573	102	1,491 1,491	6,030 6,030	41	744 744	1,774 1,774	652 652	5,973 5,973
Silvertown	White Non-White Total	201	1,011 1,011	108 108	22,739 22,739	49	612 612	2,757 2,757					
Station Road, Claremont.	White Non-White Total	121	312 293 605	45 36 81	3,436 6,922 10,358	43	19 374 393	94 1,860 1,954	17	242 242	4 578 582		
Wesley Street, Claremont	White Non-White Total	122	328 328	27 27	8,255 8,255	10	36 36	217 217	3	31 31	98 98	1,113 1,113	6,155 6,155
Lansdowne	White Non-White Total	200	118 784 902	18 80 98	1,508 12,207 13,715	52	1 446 447	1 1,975 1,976					
Wynberg	White Non-White Total	161	199 466 665	23 50 73	2,026 9,416 11,442	52	23 556 579	55 2,380 2,435	34	22 324 346	89 927 1,016	421 421	1,268 1,268
Southfield	White Non-White Total	149	109 229 338	15 23 38	1,501 4,596 6,097							239 239	713 713
Heathfield	White Non-White Total	136	120 392 512	17 25 42	976 7,564 8,540							1,417 1,417	7,826 7,826
11th Avenue, Retreat	White Non-White Total	251	1,575 1,575	155 155	34,176 34,176	98	1,611 1,611	6,213 6,213	38	781 781	2,259 2,259	677 677	8,341 8,341
Prince George Drive Mulzenberg	White Non-White Total	52	192 192		6,472 6,472								
Kalk Bay	White Non-White Total	24	47 47	1 1	763 763	23	32 32	129 129					
TOTAL	White Non-White Persons	3,438	2,132 16,235 18,367	156 1,376 1,532	24,363 295,627 319,990	1,077	63 11,737 11,800	197 50,554 50,751	491	284 5,175 5,459	1,234 15,299 16,533	9,638 9,638	67,169 67,169

SOUTH AFRICAN MOTHERCRAFT TRAINING CENTRE

(Lady Buxton Home)

The following table shows the number of infants who attended the consultations of the South African Mothercraft Training Centre during the year.

Voluntary Centre	No of sessions in the year	No. of new cases (Infants)	Total attendances (Infants)
Bowwood Road, Claremont ...	195	486	3,422
Sea Point	56	154	1,371

ADVISORY WORK AT CHILD WELFARE SESSIONS

At the sessions, mothers are advised on correct feeding and hygiene of infants and pre-school children.

Breast feeding is encouraged, and sessions are held by the health visitors at which instructional test feeds are performed. During the year, instructional test feeds were given to 250 White mothers and 1,958 Coloured and Bantu mothers.

Dried milk for infants who cannot be entirely breast fed, and supplementary milk for children with protein malnutrition are supplied at the centres under the direction of the medical officers at cost or below cost to those mothers unable to afford the full retail price. In cases of poverty the milk may be supplied free. Vitamin oil and such medicines as may be ordered are supplied on similar terms.

During the year, 2,877 new cases were supplied with dried milk and 87,917 pounds were issued (full cream 73,321 lbs., skim 14,596 lbs.).

The pilot scheme started in 1961 for the distribution of powdered skim milk to necessitous toddler groups and subsidised by the State Health Service was continued on a permanent basis with a State Department subsidy of 5c. per lb. on powdered skim milk costing 15c. per lb.

This milk is distributed to indigent pre-school toddlers showing signs of malnutrition, in an effort to prevent the development of kwashiorkor. The milk was issued to 1,500 children per week. During the year a total quantity of 77,381 lbs. of this milk powder was issued.

The scheme has resulted in a much larger attendance at municipal child welfare clinics, and an improvement in the general standard of nutrition among the toddlers.

Further reference to kwashiorkor is made on page 51 of this report.

MEDICAL EXAMINATIONS

All infants attending welfare centres are medically examined at their first visit and periodically thereafter. 192,531 Children were so examined. Children requiring special treatment are referred to hospital or to their own doctors. Minor ailments in indigent cases are treated at the centres.

SUPPLEMENTARY FEEDING

At 8 of the centres supplementary meals were served throughout the year from Monday to Friday to indigent expectant and nursing mothers and pre-school children.

These meals consist of soup, cheese, fruit and enriched bread spread with a mixture of margarine, peanut butter, food yeast and golden syrup. Liquid skimmed milk was supplied at 6 of these centres.

HEALTH VISITING IN THE HOME

Home visiting can be considered the most important aspect of the work of the health visitor, since it aims at teaching the mother the care of her child in relation to the home. Visits are made soon after an infant's birth and thereafter as frequently as the health visitor's time permits, but not less frequently than every three months during the first year of life.

The health visitors undertake home visiting for children under school age, visiting of expectant mothers, and in addition, the visiting required for ophthalmia neonatorum, puerperal fever, whooping cough, and other infectious ailments of childhood. Each health visitor assists at sessions held at the centre which lies in her district.

The full complement of health visiting staff on 31st December, 1964 was as follows:—

Principal Health Visitor.

Health Visitors —

White	...	...	...	...	...	32
Coloured	...	...	...	...	...	16
Bantu	...	...	...	...	...	2
Clinic Nurses	...	...	...	...	...	10
Clinic Assistants	...	...	...	...	...	11
Social Welfare Worker	...	...	...	...	...	1

Two further Bantu health visitors who work in the Bantu Townships are attached to the Department for administrative purposes.

Special duties are performed by nine of the health visitors and clinic nurses —

Diphtheria, poliomyelitis and B.C.G. vaccination	...	...	...	5
Orthopaedic clinics and visiting	...	...	...	1
School clinics and visiting	...	...	...	2
Supervision of midwifery	...	...	...	1

The following table shows the number of visits made during 1964 and the previous year by health visitors and social welfare worker. Visits made by the health visitors of the tuberculosis and venereal disease branches are included here for convenience.

Visits in connection with:—

				1964	1963
Births	...	...	...	20,402	20,108
Subsequent revisits	...	...	...	62,704	66,301
Child deaths	...	...	...	1,398	1,416
Expectant mothers	...	...	...	1,900	2,390
Midwives	...	...	...	3,270	1,910
Orthopaedic	...	...	...	1,190	1,649
Schools	...	...	...	1,114	1,103
Protected infants	...	...	...	1,417	1,670
Social welfare	...	...	...	3,797	3,904
Infectious diseases	...	...	...	2,824	1,653
Other visits	...	...	...	13,263	12,172
				113,288	114,276
Tuberculosis	...	...	...	42,704	45,259
Venereal disease	...	...	...	851	674
				156,843	160,209

PRE-NATAL CLINICS

Pre-natal sessions are conducted at all the larger centres and the work is carried out in close co-operation with the public maternity hospitals which fall either under the Provincial Administration or charitable organisations.

In view of the inadequate number of maternity beds in Cape Town, the Provincial Administration's maternity hospitals limit admission as far as possible to primiparae, abnormal confinements, women who have had seven or more pregnancies, and those where had socio-economic conditions preclude confinement at home. Women attending the ante-natal clinics are referred to one or other local maternity institution when hospital confinement is considered advisable for any of the above reasons.

7,178 Cases were attended by private midwives in their own homes, and many of these women attended the welfare centres for ante-natal care.

During the year, 19 pre-natal sessions were held weekly and 2 fortnightly, at which there were 11,800 new cases. The total attendances numbered 50,751 details of which are shown on page 32

The number of new cases attending the municipal pre-natal sessions amounted to 65 per cent of the number of registered live births (2 per cent White and 81 per cent non-White).

In addition to the above municipal sessions, pre-natal sessions are also held at the Peninsula, Somerset and Mowbray maternity hospitals which fall under Provincial Administration, and at St. Monica's Home run by a private religious organisation.

Midwives working within the municipal area are supervised by the department's supervisor of midwives, and are encouraged to attend the pre-natal centre with their patients to see the doctor.

Routine serological tests for syphilis are carried out on all women attending pre-natal sessions and specific treatment is provided for those requiring it. 12,606 Blood specimens were taken during the year (56 White and 12,550 non-White). Of these, 797 gave positive or doubtful reactions.

Routine tests are done by the Provincial Blood Transfusion laboratory on all women attending ante-natal sessions to ascertain their blood-grouping. Those who proved to be Rhesus negative are further investigated and referred to hospital if necessary.

Routine testing for haemoglobin levels of all women attending ante-natal sessions is done by the Provincial blood transfusion laboratory.

The attendances at the pre-natal clinics in the welfare centres over a period of years are shown in the following table :—

Centre	1964	1963	1962	1961	1960
Shortmarket Street	1,020	765	624	638	813
Aspeling Street	2,263	2,622	2,937	2,876	2,765
Bloemhof				209	400
Woodstock	827	1,048	1,451	1,290	1,539
Maitland	1,313	1,552	1,608	1,648	1,668
Kensington	5,114	5,450	6,372	6,939	6,941
Langa	2,629	2,140	1,923	1,966	2,257
Guguletu (Nyanga West)	9,484	7,013	4,740	3,748	2,160
Athlone	3,751	4,801	5,128	4,057	3,156
Bokmakirie	2,639	3,349	3,725	3,618	3,867
Bonteheuwel	6,030	3,622	2,237	27	
Silvertown (Petuniastreet)	2,757	1,433			
Claremont (Station Road)	1,954	2,095	1,595	1,573	1,752
Claremont (Wesley Street)	217		41	247	377
Lansdowne	1,976	1,839	1,500	1,347	1,428
Wynberg	2,435	2,400	1,683	1,732	1,968
Parkwood and Southfield			329	897	1,041
Retreat Road, Retreat					4
11th Avenue, Retreat	6,213	5,892	6,159	5,832	4,801
Kalk Bay	129	105	95	41	50
Totals	50,751	46,126	42,147	38,684	36,987

POST-NATAL CLINICS

Fortnightly sessions are held at seven of the child welfare centres in co-operation with the S.A. Council for Maternal and Family Welfare.

At these sessions each woman receives routine post-natal examination and any abnormalities found are treated or, if necessary, referred to the gynaecological department of one of the hospitals.

Routine cytological examination on women attending these clinics with a view to detecting early malignancy in the female genital tract was commenced in February, 1960. Where atypical cells were discovered, the women are referred to a special gynaecology clinic at Groote Schuur Hospital.

Number of cytological examinations	4,913
Number showing infections	1,215
Number showing cells needing further investigation (Grade 2 and 3 atypia)	111
Number showing cells suspicious of malignancy (Grade 4 and 5).	20
Number referred to Gynaecology Department, Groote Schuur Hospital.	26

Of the 26 women referred, early cancer was detected in 12 cases and established cancer in 4 cases.

Instruction in family limitation and spacing is given when this is deemed advisable for socio-medical or other reasons. During the year there were 4,360 new cases (255 White and 4,105 non-White) and a total attendance of 17,892 (1,117 White and 16,775 non-White).

NOTIFICATION OF BIRTHS

The regulations regarding Early Notification of Births (made by the Minister of Health in 1920) require the notification of all births in the municipality to the Medical Officer of Health within twenty-four hours of their occurrence. This information is invaluable to the department for the follow up of all new births.

In addition, births must also under the relevant section of the Births, Marriages and Deaths Registration Act, as amended, be registered with the Registrar of Births and Deaths at any time within seven days of occurrence by the father of the child or, failing him, some other responsible person present at the time of birth.

During the year, 24,312 births and 567 stillbirths were notified (including births to mothers who were not Cape Town residents) as follows:—

Notified by midwives and nurses (other than extern or intern institutional cases)	7,190
Notified by doctors	364
Notified by institutions (extern or intern)	17,325

There were 524 births notified in the Langa Bantu Township and 2,254 in Guguletu Bantu Township.

The births and still births notified as having taken place in the municipality during the year are further classified hereunder—

<i>Attended</i>								<i>Births</i>	<i>Percentage</i>
<i>In private houses :</i>									
By private doctors	...	...	...	...	...	...	...	364	1.5
By private midwives :									
Certificated	...	...	...	...	...	...	...	6,704	26.9
Uncertificated	...	...	...	...	...	...	...	474	1.9
By institutional midwives or student midwives	...	...	...	...	...	...	...	2,058	8.3
No doctor or midwife	...	...	...	...	...	...	...	12	0.0
								<hr/> 9,612	<hr/> 38.6
<i>In institutions :</i>									
Public institutions	...	...	...	...	...	...	...	9,435	37.9
Private nursing homes	...	...	...	...	...	...	...	5,832	23.5
								<hr/> 15,267	<hr/> 61.4

3,288 Of these births were to non-residents of Cape Town.

It should be noted that these births are recorded according to date of birth to suit the convenience of the work of the department, whereas in the vital statistics section of this report births are recorded according to date of notification to enable comparison with State registrations. Hence there will always be some small discrepancy between the two sets of figures.

Public domiciliary midwifery is carried out from the Peninsula Maternity Hospital, Somerset Hospital and St. Monica's Home, all institutions which are recognised as training schools for midwives, and by Provincial Administration.

SUPERVISION OF MIDWIVES

The supervision of all persons, other than medical practitioners, practising midwifery in the municipal area is undertaken by this Branch in accordance with the regulations made under Section 18(b) of the Public Health (Amendment) Act No. 15 of 1928.

The various groups of midwives practising in the municipal area consist of the following:—

- (1) 88 Private midwives, of whom 84 are trained. The four untrained midwives have now been registered by the S.A. Nursing Council. No further untrained midwives will be permitted to start practice.
- (2) 16 Provincial district midwives working in the Kensington, Athlone, Bonteheuwel, Langa Lansdowne and Retreat areas, where there is much poverty.
- (3) Midwives attached to the training schools doing district work in the vicinity of the training schools and in the outlying district of Windermere.
- (4) 4 Midwives employed at the Grassy Park Health Centre (outside the Municipality) provide a district service for the contiguous area of Parkwood Estate which is within the municipality.

In approved indigent cases delivered on district, private midwives are paid by the department for services rendered in those areas not served by the provincial district midwives or midwives from the training schools.

Assisted midwifery

An amount of R148 was paid to private midwives during the year. Fees paid to medical practitioners called in by midwives to indigent cases with obstetrical emergencies amounted to R93.

Inspections

Regular meetings for private midwives are held at the various centres every quarter, at which talks on midwifery are given by the departmental medical officers, and inspections of the midwives' records and equipment are carried out by the supervisor of midwives. At these sessions the opportunity is taken of encouraging the midwives to discuss their problems with the doctors. In addition, regular visits are paid by the supervisor to the homes of the midwives.

The extent of the supervisor's work is indicated by the following figures —

Midwives interviewed at office	...	...	...	...	...	19
Visits paid to midwives in their own homes	...	...	...	...	...	917
Inspections held	...	...	...	...	...	20
Attendances of midwives at inspections	...	...	...	...	...	295
Total visits by supervisor	...	...	...	...	...	2,321

PUERPERAL FEVER

Reported cases of this notifiable disease are investigated by the Maternal and Child Welfare Branch and are admitted to the City Infectious Diseases Hospital where necessary.

Three non-White cases of puerperal fever were notified during the year, with no deaths. One case, from Langa Township, was a schoolgirl who was admitted to a general hospital three months pregnant and miscarried there. The two other cases were confined at home and were delivered of living children. Both these latter cases had regularly attended municipal ante-natal clinics.

OPHTHALMIA

For the purpose of notification, ophthalmia neonatorum is defined as a purulent inflammation of the eyes of an infant occurring within twenty-one days of birth, whether it be due to infection with the gonococcus or not.

Cases of inflammation of the eyes beginning after the twenty-first day of life are not regarded as ophthalmia neonatorum, but if due to gonococcal infection are notifiable as gonorrhoeal ophthalmia.

300 (57 White and 243 non-White) cases of ophthalmia neonatorum were notified, which represents 1.6 per cent of the registered live births. Of these, 166 were born in institutions and 19 confined at home by hospital institutional staff. The remaining 115 cases were confined at home. 3 Of these were attended by doctors, 110 by private midwives and 2 were unattended.

Swab results are recorded in 284 cases, of which 52 were positive for gonococci, 12 doubtful and the remainder negative.

It is to be recorded that the health visitors reported 123 of the cases as 'slight', 95 as moderate or grave and with no comment on the remainder. With the exception of those cases where contact was lost through transfer of domicile, all cases were known to have recovered.

DIPHTHERIA, WHOOPING COUGH AND TETANUS IMMUNISATION

Two immunising teams, each consisting of a medical officer, health visitor and an assistant, conducted 10 immunising sessions per week throughout the year at clinics, institutions and schools. A postcard is sent to all parents whose infants have reached the age of 3½ months indicating the seriousness of diphtheria and advising immunisation by a private doctor or by the staff of the nearest clinic.

At the Department's sessions the triple antigen of diphtheria, whooping cough and tetanus toxoid is used. A booster injection against the selfsame diseases is given one year after the initial course to all infants, and further injections against diphtheria and tetanus to school entrants.

The work done at the municipal sessions during the year is shown by the following figures:—

Number of sessions:

At schools	...	...	...	...	236
At institutions	...	...	...	...	62
At child welfare centres	...	...	...	...	616
					914

Attendances at these sessions increased by 11.6 per cent compared with the previous year and are shown in the following table. The shortfall in first attendances compared with the number of births during the year is regrettable but every effort is being made by the Branch to attain the ideal of a completely immunised

infant population. A large number of immunisations for the White group are carried out by private medical practitioners, of which there is no official record. In the main the non-White groups rely on the free service provided at the municipal clinics.

Race	AGE GROUP											Total Attendances
	0 – 1			1 – 6				School age				
	1st	2nd	3rd	1st	2nd	3rd	Booster	1st	2nd	3rd	Booster	
White	2,488	2,387	2,239	448	535	561	1,751	590	592	558	1,894	14,043
Non-White	14,162	11,662	9,684	4,705	5,138	4,840	5,254	5,256	4,728	5,037	5,387	75,140
Total	15,937	14,049	11,923	5,153	5,673	5,401	7,005	5,846	5,320	5,595	7,281	89,183

Race	Material Used			
	Diph.	D/WC/T.	D/TET.	A.D.F.
White	184	7,954	5,881	24
Non-White	567	40,937	33,532	104
Total	751	48,891	39,413	128

POLIOMYELITIS IMMUNISATION

Immunisation against poliomyelitis is now compulsory throughout the Republic (Notice No. 1989 in Government Gazette No. 683 of 27th December, 1963). Since the mass oral live attenuated (Sabin) polio immunisation campaign held in 1961, the distribution of polio vaccine has been continued for all new babies from the age of 3 to 4 months and immigrants and children who have not previously been done. Free vaccine is available at special sessions held weekly in two centres and at all sessions where diphtheria, whooping cough and tetanus immunisation is performed.

The number of municipal immunisation sessions held during the year is shown by the following figures

At schools	...	...	...	235
At institutions	...	...	...	62
At child welfare centres	...	...	...	693
				990

Race	New cases					Total first attendances	Subsequent attendances		Total attendances
	0–1 yrs.	1–4 yrs.	5–9 yrs.	10 – 19 yrs.	Adult		2nd	3rd	
White	3,439	462	565	261	1,224	5,951	6,235	12,531	24,717
Non-White	14,162	2,937	5,478	1,168	6,301	30,046	28,455	44,442	102,943
Total	17,601	3,399	6,043	1,429	7,525	35,997	34,690	56,973	127,660

B.C.G. VACCINATION

B.C.G. vaccination of newborn infants has continued. The material used is freeze dried B.C.G. supplied by the State Health Service. Infants born in the Provincial Hospitals and in St. Monica's and the Salvation Army homes were immunised by the medical staff of those homes. In the case of infants born on the district, the health visitor at her first visit invited the mother to bring the baby to the local welfare centre where vaccination was done as soon after birth as possible.

Number of B.C.G. vaccinations :—

	<i>White</i>	<i>Non-White</i>	<i>Total</i>
Groote Schuur Hospital	1,010	609	1,619
Mowbray Maternity Hospital	767		767
Peninsula Maternity Hospital		3,850	3,850
Somerset Hospital		1,791	1,791
St. Monica's Home		1,043	1,043
Salvation Army Home		1,232	1,232
Municipal child welfare centres	1,572	8,603	10,175
	3,349	17,128	20,477

SCHOOL CLINICS

By arrangement with the Provincial Administration and the Department of Coloured Affairs, school clinics are organised by the Maternal and Child Welfare Branch and held during the school term at certain of the municipal welfare centres.

General sessions with a medical officer in attendance are held weekly at Woodstock, Bonteheuwel, Retreat and Aspeling Street (city), and fortnightly at Shortmarket Street (city), Maitland, Kensington, Athlone, Claremont and Wynberg.

Cases requiring specialised attention are referred to the appropriate out-patients department of a general hospital, or to a child guidance or mental hygiene clinic, while those suffering from the effects of malnutrition and debility following illness are sent to convalescent homes. Where necessary, visits are made to the homes of such children and the parents or guardians interviewed.

Ophthalmic sessions with specialists in attendance are held three times per week at the Woodstock centre and weekly at Bokmakirie.

A health visitor and a clinic nurse are employed on this work.

The work done during the year is shown in the table on page 32 and is further analysed in the following figures :—

	Ophthalmic school clinic			General school clinic		
	White	Non-White	Total	White	Non-White	Total
Number of new cases ...	189	699	888	95	4,476	4,571
Total attendances ...	764	2,328	3,092	470	12,971	13,441
Number of sessions held ...			178			313
Children fitted with spectacles :						
Full-paying ...	228	125	353			
Part paying ...	15	54	69			
Free ...	32	30	62			

ORTHOPAEDIC WORK

The Child Welfare Branch is responsible for the care of children under 6 years of age living within the municipal area who are suffering from orthopaedic conditions but are not in hospital.

The Department employs one orthopaedic health visitor who works in close collaboration with the Orthopaedic District Sisters of the Provincial Administration, and divides her time between domiciliary visiting and clinic sessions.

Clinics.

Monthly sessions are held in four centres with an orthopaedic surgeon in attendance, two orthopaedic sisters from the Provincial Administration, an orthopaedic technician, clinic clerk and Cripple Care Worker.

Weekly sessions are also held in these centres, where the treatment ordered by the orthopaedic surgeon is carried out by the orthopaedic sisters.

The following figures give an indication of the work of the orthopaedic health visitor:—

Number of children on record —

White	...	...	...	...	...	...	...	...	28
Coloured	...	...	...	...	...	...	...	...	265
Bantu	...	...	...	...	...	...	...	...	48
House visits made	...	...	...	...	...	...	...	...	1,190

Sessions held —

Surgeons	...	...	...	...	...	...	...	...	44
Sisters	...	...	...	...	...	...	...	...	335
									<hr/> 379

Attendances at sessions —

Surgeons	...	...	...	...	...	...	...	...	1,583
Sisters	...	...	...	...	...	...	...	...	7,146
									<hr/> 8,729

The causes of disablement are varied but more than half of these are due to poliomyelitis and congenital deformities.

DAY NURSERIES AND NURSERY SCHOOLS

The employment of married women in factories, domestic work and other spheres of labour has become a necessity for many families, who could not otherwise maintain a reasonable standard of living.

Many of the infants of working mothers are cared for by foster mothers. Although the care given is often good, in some cases it leaves much to be desired.

Nurseries and nursery schools are therefore an essential health measure for the underprivileged child providing, as they do, proper care in hygienic surroundings, in addition to forming constructive social and educational backgrounds. Four nursery schools, one with creche attached, and two day nurseries at Langa and Guguletu Bantu Townships are maintained by the Branch and are supervised by a senior White nursery school teacher. A new creche and nursery school at Retreat was opened during September

All private nursery schools and creches must be registered by the State Department of Social Welfare, and with a view to assisting this body, a municipal health visitor visits them and reports on the suitability or otherwise of the premises in question.

BOKMAKIRIE CRECHE AND NURSERY SCHOOL

This nursery school serves the Council's housing schemes in Kew Town and Bokmakirie and has accommodation for 80 children under school age, 20 babies between 3 months and 2 years, and 60 children between 2 and 6 years of age. The nursery is open from 8 a.m. to 5 p.m., Mondays to Fridays, and meals are provided. It is staffed by a creche superintendent, three non-White junior nursery school teachers, and three helpers.

BLOEMHOF NURSERY SCHOOL

This school is run in the Bloemhof Community Centre attached to the municipal housing scheme in Constitution Street, Cape Town. There is accommodation for 40 children from 3 to 6 years of age, under the supervision of a White nursery school teacher, and a non-White junior nursery school teacher. The nursery is open from 8 a.m. to 5 p.m. and a mid-day dinner is provided.

SHELLEY STREET NURSERY SCHOOL

This nursery school is situated in the centre of a busy factory area in Salt River, and is very popular. There is accommodation for 45 children from 3 to 6 years of age, under the supervision of two non-White junior nursery school teachers. The nursery school is open from 8 a.m. to 5 p.m. and meals are provided.

HYMAN LIBERMAN INSTITUTION NURSERY SCHOOL

The nursery school at the Hyman Liberman Institute is conducted in the hall of the Institute and caters for 50 children between the age of 3 and 6 years. The facilities available at this school are not very good and plans have been submitted to the responsible Committee of the Council for approval so that a modern nursery school can be erected adjacent to the present site. The nursery school is open from 8 a.m. to 5 p.m. and meals are provided.

LANGA DAY NURSERY

A day nursery is conducted in the Langa Bantu Township for 20 infants and 60 children between the age of 2 and 6 years. There are two trained Bantu nurses, three adult helpers and 2 juvenile helpers.

GUGULETU DAY NURSERY

A day nursery is conducted in the Guguletu Bantu Township for 20 infants under two years of age and 60 children between the age of 2 and 6 years. There is a nursery superintendent assisted by one adult and two juvenile helpers.

RETREAT CRECHE AND NURSERY SCHOOL

This nursery school serves the Council's housing scheme at Retreat/Steenberg district. There is accommodation for 20 babies under two years of age and 60 children between 2 and 6 years. The nursery is open from 8.45 to 5 p.m. and meals are provided. There is a creche superintendent, three nursery school teachers and two juvenile helpers.

The attendances at the municipal nurseries and nursery schools during the year are shown in the following table:—

	Sessions	New entrants	Av. total on register	Av. attend. per session	Total attend.
Bokmakirie	210	28	80	70	14,690
Retreat	72	80	80	68	4,917
Bloemhof	210	16	45	41	8,665
Shelley St.	210	33	50	44	9,335
Liberman	209	35	50	44	9,157
Langa	250	44	78	65	16,217
Guguletu	252	67	78	67	16,873

A resident nursery for the infants of tuberculous non-White women is run in a cottage in the municipal housing scheme in Kew Town. The infants are admitted, as soon after birth as possible, to enable the mothers to be transferred to a tuberculosis hospital for treatment.

The home has accommodation for six infants with a non-White house-mother in charge. They are vaccinated with B.C.G., and remain in the home until the mothers are in a fit condition to care for them or some other suitable arrangements can be made.

PROTECTED INFANTS

Children under 7 years of age who are maintained apart from their parents or close relatives and are living with foster parents have by law to be registered by the foster mother with the Commissioner for Child Welfare of the district. Infant protection visitors who visit and report on these children are appointed by the Commissioner.

In Cape Town, the health visitors of the Child Welfare Branch have been nominated to act as infant protection visitors.

The practice of placing children with foster mothers particularly amongst non-Whites is very common in Cape Town. Many of these foster mothers diligently care for their wards but difficulties do arise when payments tend to become irregular or cease altogether owing to the fact that the parents, being unmarried, frequently disappear.

All social problems which might affect the welfare of the young child are brought to light by the health visitor at her periodic visits. Should a foster mother prove unsuitable, the Commissioner for Child Welfare is informed so that arrangements may be made for the removal of the child to some more suitable person.

The number of protected infants registered in the year was as follows —

Cape Town Magisterial district	...	72
Wynberg Magisterial district	...	50

SOCIAL WELFARE WORK

One social welfare worker is attached to the Branch, particularly to safeguard the interests of unmarried mothers and their infants. She is available for interviews each morning and in the afternoons visits private homes, institutions and maternity homes in connection with cases.

Many requests for advice and help from expectant mothers, and mothers of small children, are in connection with non-support from fathers and reputed fathers. Many of these are for various reasons loath to report to the non-support officer.

As required under the Immorality Act 1957, all cases of unmarried mothers under the age of 16 years are fully investigated. During 1964, 291 cases (26 White, 179 Coloured and 86 Bantu) were so investigated.

The social welfare investigator visits rescue homes in an advisory capacity and reports to the health visitors when the mothers and babies leave such institutions.

Close contact and co-operation is maintained with Societies such as the Society for the Protection of Child Life, Afrikaanse Christelike Vrouens Vereniging, Mental Health Society, Social Welfare Department and non-support officers.

SECTION IV. – DENTAL BRANCH

(Dr. L. H. Croxford, Principal Dental Officer.)

There has been an increase of attendances at all centres during the year under review. The requirements of these patients have been met despite a vacant post of Assistant Dental Officer and the absence of another dental officer for three months on sick leave.

Dental Survey.

The survey which took place in 1963 was continued on a lesser scale during 1964 through Coloured school children in the 7 year age group. It is pleasing to note that a start has been made to conserve a number of the permanent teeth of this group in that 835 of their 6 year old molars were filled. Only a small proportion of the Coloured schools were covered but it is hoped that the 8 year and 7 year age groups of these schools will be examined during 1965. It is significant that this is the first occasion on which conservative treatment for Coloured school children has been undertaken on any organised basis.

The surveys indicate an enormous field which can only be covered by greatly increased personnel and finances.

Fluoridisation.

Fluoridisation of water supplies as a means of reducing the incidence of dental caries in all racial groups must continue to receive our attention. Many large cities all over the world with low natural fluorine levels in their water supply have begun to augment such values by artificial means. It has been conclusively proved that an appropriate diet can eradicate dental caries but the problem of enforcing such a diet or maintaining it at all social levels is insurmountable in the face of population explosions all over the world. Our only alternative is the cheapest and most effective means of mass fluoridisation by the use of domestic water as the vehicle for carriage of fluorine.

A Government Commission of Inquiry on the question of fluoridisation of water supplies held a public session in Cape Town from 21st to 23rd October, 1964, at which oral evidence supporting a written memorandum was submitted by the Medical Officer of Health. It was pointed out that the Cape Town water supply contains only 0.1 ppm of sodium fluoride, i.e. one-tenth of the recommended minimum; that the deficiency could be eliminated mechanically; that the benefit to be derived from such action had been proved elsewhere; and that artificial fluoridisation of water was advocated by scientists and large water undertakings in many parts of the world.

The Cape Town water undertaking serves 14 other local authorities and the support and acquiescence of all these neighbouring local authorities in so far as fluoridisation of the water at source will be necessary. At the end of the year under review the Commission had not yet presented its report.

Prosthetic Appliances.

The continued and increasing demand for artificial dentures is a perpetual reminder of the number of edentulous cases, and is a reflection of past inadequacies in oral preservation and rehabilitation, on diet and oral hygiene deficiencies. Despite the boom conditions existing and the low unemployment figures, there has been an increased demand from the aged and disabled which may be due to a greater life expectancy and the fact that pensions based on old currency values are inadequate by today's standards. This section has continued to work to capacity.

The full-time establishment of the Dental Branch as at 31st December, 1964, consisted of the following:—

Chief Dental Officer	Senior dental mechanic
Deputy Dental Officer	Dental mechanics, 4
Assistant Dental Officer	Social Welfare visitor
Senior clinic nurse	Clerical staff, 4
Dental nurses, 6	Caretaker/Cleaner
Clinic assistants, 6	Labourer
	Laundresses, 3
	Domestic

REPORT OF THE MEDICAL OFFICER OF HEALTH

43.

The full-time professional staff is assisted by a number of part-time dental surgeons, anaesthetists, nurses and clinic assistants. The following table indicates the services rendered during the year.

DENTAL BRANCH, 1964

Centre		Sessions.	New cases		Total attendances		Extractions (Persons)		Fillings (persons)		Examinations and other dental treatment		Dentures supplied (persons)	
			W.	N-W.	W.	N-W.	W.	N-W.	W.	N-W.	W.	N-W.	W.	N-W.
Hope Street, Cape Town	General :													
	Adults	1,548	1,063	6,445	3,805	16,845	578	4,504	463	217	2,796	12,175	254	1,047
	Children		999	1,987	3,256	3,891	658	1,587	401	52	2,235	2,264	4	3
	School children	468	114	114	1,173	881	102	9	964	741	138	148		
	Total	2,016	2,176	8,546	8,234	21,617	1,338	6,100	1,828	1,010	5,169	14,587	258	1,050
Aspeling Street, Cape Town	Nursing and expectant mothers	54		92		142		133				9		
	Pre-school children			405		636		609				27		
	School children	54		777		1 312		1,066				246		
	Total	108		1,274		2,090		1,808				282		
Woodstock	Nursing and expectant mothers	31		25		35		34				1		
	Pre-school children			158		247		238				9		
	School children	56	309	604	461	993	343	838			118	155		
	Total	87	309	787	461	1,275	343	1,110			118	165		
Maitland	General :													
	Adults	51	12	391	25	720	13	330			12	390		
	Children		35	286	57	542	23	262			34	280		
	Nursing and expectant mothers	72	9	176	19	313	15	295			4	19		
	Pre-school children		52	296	84	549	81	527			3	23		
	School children	167	179	1,998	435	2,302	204	1,927	187	15	53	360		
	Total	290	287	3,147	620	4,426	336	3,341	187	15	106	1,072		
Athlone	Nursing and expectant mothers	55		119		185		170		1		15		
	Pre-school children			397		625		594				32		
	School children	52		1,089		1,309		1,144				165		
	Total	107		1,605		2,119		1,908		1		212		
Silvertown	General :													
	Adults	48		286		520		235				285		
	Children			334		605		273				332		
	Nursing and expectant mothers	99		198		501		456				45		
	Pre-School children			419		900		797				103		
	School children	161		1,078		2,088		1,538		287		272		
	Total	308		2,315		4,614		3,299		287		1,037		
Wynberg	Nursing and expectant mothers	29	3	93	6	140	5	130			1	10		
	Pre-school children		10	194	20	280	18	265				16		
	School children	191	239	1,664	515	2,360	176	1,777	236	105	110	483		
	Total	220	252	1,951	541	2,780	199	2,172	238	105	111	509		
Retreat	General :													
	Adults	100		798	3	1,494	2	692			1	802		
	Children		3	555	3	1,025		463				562		
	Nursing and expectant mothers	90		251		464		441				23		
	Pre-school children		1	379	1	708	1	669				49		
	School Children	65		955		1,464		1,201		48		217		
	Total	255	4	2,938	7	5,155	3	3,466		48	1	1,653		
Lansdowne	School children	101	184	239	598	584	206	470	244		151	114		
Langa	Residents,													
	Adults	40		387		666		343				323		
	Children			195		312		126				186		
Guguletu	General :													
	Adults	99		1,202		2,038		806				1,233		
	Children			941		1,508		642				951		
	Nursing and expectant mothers	43		18		312		301				11		
	Pre-school children			10		189		188				1		
	Total	142		2,171		4,047		1,937				2,196		
City Hospital	In-patients	8	41	39	45	116	4	59			41	57		
Brooklyn Chest Hospital	In-patients	11		113		164		77				115		
Dr. A.J. Stals Sanatorium	In-patients	13		114		441		200				241		
Spencer Road, Salt River	Tuberculous out-patients	59	1	254	23	834	1	330			22	506	6	101
Other schools	School children	39	15	3,244	21	3,261	6	17			15	3,244		
Total	Adults		1,099	10,953	3,896	25,750	618	9,429	463	218	2,847	16,185	260	1,148
	Children		2,170	18,366	6,654	28,751	1,818	17,334	2,034	1,248	2,887	10,314	4	3
	Persons	3,804	3,269	29,319	10,550	54,501	2,436	26,763	2,497	1,466	5,734	26,499	264	1,151

SECTION V. – INFECTIOUS AND OTHER DISEASES

The cases of compulsorily notifiable diseases reported in the Municipality of Cape Town during the year are shown in the tables on pages 100 to 102 classified by race and:

Table N, in months according to date of notification.
Table O, in age and sex groups.
Table P, in wards.

Other statistical details as to deaths from infectious diseases are contained in Tables A, B, and C on pages 85 – 87.

No cases were reported of the following notifiable diseases: Asiatic cholera, plague glanders, rabies, yellow fever, smallpox, typanosomiasis, trachoma, typhus and malta fever.

Tetanus, including tetanus neonatorum, was declared a notifiable disease throughout the Republic under Notice No. 1969 in the Government Gazette No. 963 of 4th December, 1964.

Distribution of cases by race

	European	Coloured	Bantu	Asiatic	Total
Tuberculosis, pulmonary	120	938	636	4	1,698
Tuberculosis, other forms	5	87	30	1	123
Enteric	1	12	2		15
Diphtheria	2	14	6		22
Scarlet fever	29	14			43
Erysipelas	2	3			5
Cerebrospinal fever	6	22	4		32
Infective encephalitis	1	1			2
Acute poliomyelitis		1			1
Ophthalmia neonatorum	57	201	40	2	300
Puerperal fever		2	1		3
Leprosy		1			1
Anthrax		1			1
Whooping cough	22	64	6		92
Kwashiorkor		271	126		397
Total	245	1,632	851	7	2,735

ENTERIC OR TYPHOID FEVER

The number of cases reported during the year, corrected for misdiagnosis and imported cases, was 15 (one White and 14 non-White), equivalent to an incidence rate of 0.03 per 1,000 population (0.01 White and 0.04 non-White). There were three non-White deaths. During the previous year there were 32 cases and no deaths.

The White patient worked in Cape Town but spent much of his spare time in a neighbouring country town and was hospitalised there. Many of the non-White cases lived under very poor social and hygienic circumstances; three had visited beaches known to be grossly overcrowded during the New Year season. Despite careful investigations no other possible source of infection responsible for these cases could be traced. Fifteen known carriers are supervised and visited regularly.

Two of the three fatal cases were admitted to general hospitals and only notified to this department after death.

25 Other cases were also admitted to the City Infectious Diseases Hospital from outside the municipal area. One of these proved fatal. Two other school children living in the city developed the disease shortly after returning to school from a holiday spent in a country district.

DIPHTHERIA

The cases of this disease reported during the year, corrected for misdiagnosis and imported cases, numbered 22 (2 White and 20 non-White), equivalent to an incidence rate of 0.04 per 1,000 population (0.01 White and 0.05 non-White). There was one death from this disease in an unimmunised case admitted from Guguletu Township. During the previous year 6 White and 27 non-White cases were reported, with three deaths.

This is a record low incidence of the disease in Cape Town, and, apart from the Bantu Townships, the first year that no death in the city proper has to be recorded.

Three of the notified and confirmed cases had received full immunisation and two others had had only a first injection of triple antigen.

Two children from the same family admitted to the City Infectious Diseases Hospital with measles were later diagnosed as also suffering from diphtheria. Nearly half of the total cases occurred in ward 10 (Athlone).

All cases suffering from diphtheria were admitted to the City Infectious Diseases Hospital.
Six of the 22 cases reported occurred in the Bantu Townships, one of which proved fatal.
Excluded from the above figures are 24 cases from outside the municipal boundaries but who were treated in the City Hospital. Four non-White deaths occurred in this group.

Diphtheria Carriers.

Nine non-White diphtheria carriers were reported in the city area and two in the Guguletu Township. In addition four diphtheria carriers were admitted to the City Hospital from outside the city area.

Details of the department's work in immunisation is given in the following table and also on page 37.

Year	Number of Notifications			Persons Immunized		
	White	Non-White	All Races	White	Non-White	All Races
1939 - 40	286	130	416	2,541	2,421	4,962
1944 - 45	89	89	178	2,517	8,465	10,982
1949 - 50	60	62	122	3,298	10,256	13,554
1954 - 55	32	81	113	4,162	17,955	22,117
1960	27	60	87	4,021	20,422	24,443
1961	17	61	78	4,409	23,369	27,769
1962	6	17	23	5,578	27,483	33,063
1963	6	27	33	6,362	26,476	32,838
1964	2	20	22	7,003	30,202	37,205

NOTIFICATION AND DEATH RATES PER 1,000 POPULATION FROM ENTERIC FEVER, DIPHTHERIA AND SCARLET FEVER

Year	Enteric fever				Diphtheria				Scarlet fever			
	Notifications		Deaths		Notifications		Deaths		Notifications		Deaths	
	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White
Average												
1916 - 20	2.04	2.03	0.14	0.42	1.58	0.47	0.10	0.17	1.54	0.17	0.01	
1921 - 25	1.80	1.99	0.19	0.36	1.23	0.36	0.09	0.08	0.87	0.10	0.00	
1926 - 30	0.81	1.03	0.09	0.21	1.39	0.59	0.09	0.12	1.42	0.10	0.01	0.01
1931 - 35	0.40	0.51	0.04	0.11	1.24	0.73	0.05	0.09	1.42	0.15	0.00	
1936 - 40	0.22	0.35	0.02	0.05	2.00	1.17	0.07	0.17	1.78	0.13	0.01	0.00
1941 - 45	0.21	0.35	0.02	0.07	0.99	0.66	0.04	0.08	1.13	0.07	0.01	0.00
1946 - 50	0.12	0.37	0.02	0.06	0.25	0.33	0.02	0.04	1.22	0.16		0.00
1951 - 55	0.07	0.24		0.01	0.18	0.20	0.01	0.02	0.96	0.13		0.00
1956 - 60	0.03	0.13		0.00	0.10	0.16	0.01	0.01	0.55	0.04	0.00	0.00
Year												
1961		0.01			0.09	0.20	0.01	0.02	0.48	0.05		
1962		0.03			0.03	0.06		0.01	0.36	0.01		
1963		0.10			0.03	0.08		0.01	0.18	0.04		
1964	0.01	0.04		0.01	0.01	0.05		0.00	0.15	0.04	0.01	

SCARLET FEVER

The cases of this disease reported in the year, corrected for misdiagnosis and imported cases, numbered 43 (29 White and 14 non-White), equivalent to an incidence rate of 0.07 per 1,000 population (0.15 White and 0.04 non-White). There was one death from this disease in the person of a White female child aged 13, whose death was certified as being due to coronary thrombosis and scarlet fever. In the previous year there were 49 cases and no deaths.

There were no cases in the Bantu Townships.

In two families there were two cases each. In all other cases single cases occurred in each house. Permission was granted to nurse 19 cases at home where satisfactory conditions of isolation were available.

In addition, 18 cases (all White) were admitted to the City Infectious Diseases Hospital from outside the municipal area.

Other particulars will be found in the table above and in Tables N to P on pages 100 to 102.

CEREBROSPINAL FEVER

During the year 32 cases (6 White and 26 non-White) were notified, equivalent to an incidence rate of 0.05 per 1,000 population (0.03 White and 0.07 non-White). Two of the cases died in general hospitals, but one of these deaths was registered after the period under review. In the previous year 18 cases were reported with one death.

28 Of the cases were admitted to the City Infectious Diseases Hospital, two to general hospitals, one to the Military Hospital and one to a children's hospital.

Four of the 32 cases reported occurred in the Bantu Townships.

In addition, 18 cases (3 White and 15 non-White) were admitted to the City Hospital from outside the municipal area. In this group there was one non-White death.

Further particulars will be found in the table below and in Tables N to P on pages 100 to 102.

ACUTE POLIOMYELITIS

Only one case of poliomyelitis (non-White) was reported during the year. The patient had not been immunised but two older children of the family had received two feeds of polio vaccine previously. The family had visited one of the crowded beaches during the New Year season some two weeks prior to onset of illness. During the previous year 18 cases were reported.

In addition, 11 cases (2 White and 9 non-White) were admitted to the City Infectious Diseases Hospital from outside the municipal area.

Information regarding polio immunisation will be found on page 38 and further details of incidence in in Tables N to P on pages 100 to 102.

During the year the department had recourse to apply the provisions of Regulation 1989 which lays down that all children must before the age of 13 months be immunised against poliomyelitis. The family concerned, who were non-White, were visited by one of the departmental health visitors in May, 1964, as the result of a birth notification received by the department.

On enquiring about a 3 year old in the house the health visitor was informed that this child had not been immunised. The parents indicated that they and their children were protected by God and did not require such immunisation.

A date for attendance at the nearest clinic for poliomyelitis immunisation was made but not kept, so an application for a summons was made to a Magistrate, and the case was heard on 25th September, 1964. The family's religious convictions were anything but valid and it was on these grounds that the matter was taken as far as it was. The parents were found guilty by the Magistrate and fined R30 suspended for a year provided the child completed its poliomyelitis immunisation by 1st March, 1965.

Year	Cerebrospinal fever				Acute poliomyelitis				Infective encephalitis			
	Cases		Deaths		Cases		Deaths		Cases		Deaths	
	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White
Average												
1916 - 20	3	3	1	2	3	2	1	1				
1921 - 25	4	6	3	3	1	1	0	1	4	2	3	2
1926 - 30	19	78	11	45	5	2	1	0	6	5	4	4
1931 - 35	5	22	3	17	6	5	0	1	4	3	1	1
1936 - 40	4	18	2	10	4	5	1		2	3	1	1
1941 - 45	26	95	4	16	12	5	1	1	2	2	1	1
1946 - 50	12	40	2	9	8	8	1	0	1	2		1
1951 - 55	12	50	1	8	17	13	2		2	2		1
1956 - 60	7	22	1	3	32	75	2	3	1	10	1	3
Year												
1961	5	20		1	3	5			1	5		4
1962	5	29		4		6			1	5		4
1963	3	15	1	1		18			1	3		1
1964	6	26		1		1			1	1	1	1

INFLUENZA AND PNEUMONIA

These diseases are not now notifiable in the Cape Town Municipality, but deaths from influenza and from bronchitis and pneumonia, with the corresponding death rates, are set out in the following table:—

Period	Influenza				Bronchitis				Pneumonia (all forms)			
	White		Non-White		White		Non-White		White		Non-White	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Average												
1921 – 25	8	0.07	13	0.15	37	0.35	198	2.30	88	0.84	394	4.57
1926 – 30	20	0.16	31	0.28	36	0.29	240	2.26	82	0.66	379	3.54
1931 – 35	18	0.12	25	0.19	32	0.23	205	1.58	81	0.57	392	3.04
1936 – 40	21	0.13	20	0.14	28	0.18	176	1.21	75	0.48	424	2.89
1941 – 45	10	0.06	12	0.07	22	0.13	143	0.84	64	0.39	467	2.74
1946 – 50	4	0.03	9	0.05	18	0.09	105	0.52	56	0.30	365	1.81
1951 – 55	5	0.03	6	0.02	16	0.08	50	0.20	52	0.27	249	0.96
1956 – 60	3	0.02	6	0.02	11	0.06	30	0.09	53	0.27	263	0.78
Year												
1961	6	0.03	10	0.03	7	0.04	18	0.06	58	0.30	272	0.91
1962			2	0.01	11	0.06	32	0.11	61	0.32	249	0.82
1963	6	0.03	9	0.03	11	0.06	54	0.16	38	0.19	308	0.90
1964	1	0.01	2	0.01	23	0.12	39	0.10	51	0.26	276	0.72

The following figures for deaths from bronchitis and pneumonia show the contrast between Whites and non-Whites compared with the previous year:—

	1964		1963	
	White	Non-White	White	Non-White
Under 5 years of age	7	205	6	249
0 – 1 years	5)	159)	6)	177)
1 – 2 years	2)	35)	—)	48)
2 – 5 years	—)	11)	—)	24)
All other ages	67	110	43	113
	74	315	49	362

The infant mortality rate per 1,000 live births from these causes for a series of past years is set out in Table K, on pages 96 and 97.

The seasonal character of mortality from bronchitis and pneumonia will be found in Table C, on page 87.

LEPROSY

One case of leprosy was reported in the person of a Coloured female aged 16. Both mother and step-father of patient were former inmates of a leper institution. Two other Bantu female cases reported had obviously contracted the disease before arrival in the city during the year under review.

MEASLES

35 Measles deaths (34 non-White) Occurred in the city during the year. In the previous year there were 87 deaths. 26 of the city deaths in the year under review occurred in children under two years of age, and 34 before reaching the age of five years. 16 Non-residents also died of measles.

During the year, 235 cases of measles were admitted to the City Infectious Diseases Hospital, of whom 93 were from outside the city area, 5 from Langa and 20 from Guguletu Township. During the previous year, 523 cases were admitted to the City Hospital.

Of the 142 city cases, four were nurses at different hospitals, and 20 had developed the disease while in-patients in other hospitals.

It sh cld be noted that measles is not a notifiable disease except under certain circumscribed circumstances, so that the figures quoted above only refer to those cases brought to the notice of the department.

through admission to the City Infectious Diseases Hospital as the result of inability of isolating, bad home conditions or to serious complications supervening.

It is a relief to be able to record a substantial decline in morbidity and mortality as revealed by available figures, which might well be in accordance with the usual biennial pattern of fluctuation in the occurrence of measles as reported from other large overseas conurbations.

Period				Measles			
				Deaths		Rate per 1,000 population	
				White	Non-White	White	Non-White
Average :							
1916 - 20	...	...	...	7	34	0.08	0.43
1921 - 25	...	...	...	5	33	0.05	0.38
1926 - 30	...	...	...	5	16	0.04	0.16
1931 - 35	...	...	...	3	32	0.02	0.24
1936 - 40	...	...	...	2	15	0.01	0.11
1941 - 45	...	...	...	3	24	0.02	0.14
1946 - 50	...	...	...	1	24	0.01	0.12
1951 - 55	...	...	...	—	14	0.00	0.05
1956 - 60	...	...	...	1	18	0.00	0.05
Year							
1961	...	...	...	1	33	0.01	0.11
1962	...	...	...	1	28	0.01	0.09
1963	...	...	...	2	85	0.01	0.25
1964	...	...	...	1	34	0.01	0.09

WHOOPING COUGH

For the period under review the number of cases was 92 (22 White and 70 non-White), equivalent to an incidence rate of 0.16 per 1,000 population (0.11 White and 0.18 non-White). There were four non-White deaths registered. During the previous year there were 80 cases and 8 deaths.

Spread of infection occurred in fifteen instances, i.e. two cases were notified in each of thirteen dwellings, and three cases in each of two dwellings. No institutions were involved. 40 cases were admitted to the City Infectious Diseases Hospital, two of whom died. The distribution of the 92 cases according to month of occurrence, wards and age groups will be found in Tables N to P on pages 100 to 102.

In addition, 32 cases were admitted to the City Hospital from outside the municipal area, five of whom died.

Six of the 92 city cases reported occurred in the Bantu Townships. Further details of whooping cough immunisation at municipal centres will be found on page 37.

Period				Whooping cough							
				Notifications		Incidence rate per 1,000 population		Deaths		Death rate per 1,000 population	
				White	Non- White	White	Non- White	White	Non- White	White	Non- White
Average											
1916 – 20 								11	37	0.13	0.48
1921 – 25 								10	30	0.09	0.35
1926 – 30 								10	33	0.08	0.31
1931 – 35 								7	34	0.04	0.27
1936 – 40 								4	74	0.02	0.51
1941 – 45 								3	45	0.02	0.26
1945 – 50 								2	42	0.01	0.20
1951 – 55 				188	576	1.00	2.24	1	19	0.00	0.07
1956 – 60 				48	162	0.25	0.48		8		0.02
Year											
1961 				24	108	0.12	0.36		8		0.03
1962 				15	40	0.08	0.13		8		0.03
1963 				20	60	0.10	0.18		8		0.02
1964 				22	70	0.11	0.18		4		0.01

DIARRHOEAL DISEASES

The deaths registered during the year due to diarrhoea and enteritis (corrected) numbered 390 as compared with 469 in the previous year. The corresponding death rate for the city was 0.67 per 1,000 population (0.02 White and 1.00 non-White).

The deaths from diarrhoeal diseases for the year are classified as follows:—

Int. Code No.	Disease	White	Non-White	All races
571, 764	Gastro-enteritis and colitis, including diarrhoea of the newborn	4	386	390
572	Chronic enteritis and ulcerative colitis	4	5	9
043.	Cholera	—	—	—
045	Dysentery, bacillary	1	1	2
046	Dysentery, amoebic	—	5	5
047-048	Dysentery, other forms	—	1	1
	Total	9	398	407
	Diarrhoeal death rate per 1,000 population	0.05	1.03	0.70

Of the 386 non-White deaths from diarrhoea and enteritis 117 occurred in the Bantu Townships, 80 in Ward 10, 53 in Ward 15, and 136 in the rest of the city. 97.9 per cent of these deaths were under five years of age, i.e. 299 under one year, 68 between one and two years, and 11 between two and five years. Compared with the previous year the decrease in the number of deaths was distributed throughout the municipality.

Infant deaths from diarrhoea and enteritis for a series of years:—

Year	Diarrhoea and Enteritis					
	White		Non-White		All races	
	Male	Female	Male	Female	Male	Female
Average						
1946 — 50	9	6	142	107	151	113
1951 — 55	5	3	224	206	229	209
1956 — 60	3	2	210	195	213	197
Year						
1961	3	4	181	150	184	154
1962	3	2	183	158	186	160
1963	2	2	190	152	192	154
1964	3	1	142	157	145	158

ANTHRAX

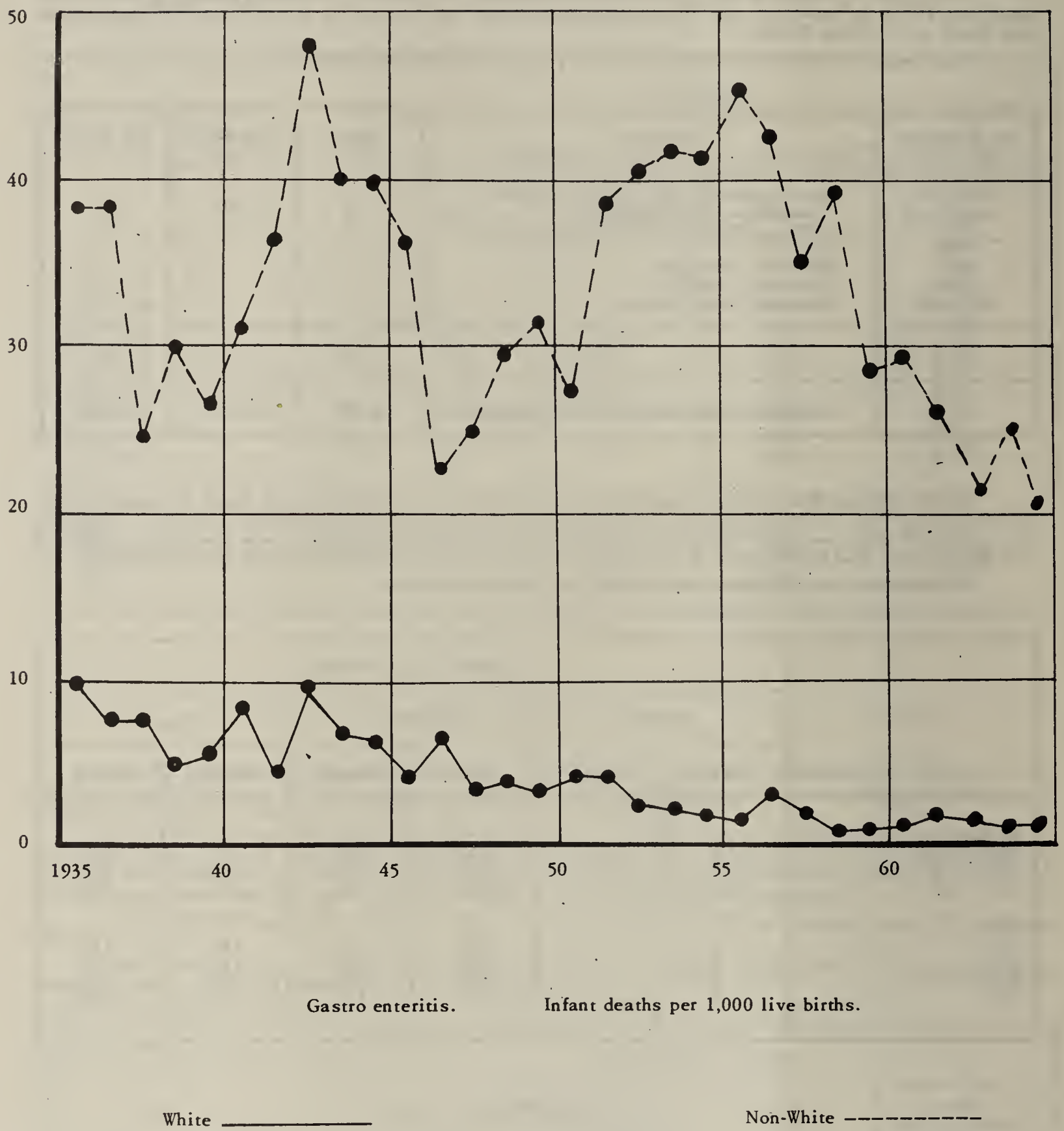
One case of anthrax occurring in a Coloured male aged 19 was reported during the year. The patient was engaged in sorting hides and skins at his place of employment situated within the municipality.

INFECTIVE ENCEPHALITIS

Two fatal cases of virus encephalitis (one White and one non-White) occurred during the year, but the department only became aware of these events through death registration. One other case residing outside the municipal area died in a children's hospital.

PSITTACOSIS

A case of psittacosis occurring in a Coloured male adult was notified and admitted to the City Infectious Diseases Hospital. The patient resided outside the municipal area but was employed at the Government veterinary quarantine station which at the time had in isolation a consignment of parrots from overseas. As a result all the parrots were subsequently destroyed.



KWASHIORKOR

During the year, 397 cases of this disease, all non-White, were reported, equivalent to an incidence rate of 0.68 per 1,000 population (1.03 for non-Whites only). There were 54 deaths. With one exception, all the cases notified were children under five years of age, and of these 58 per cent were in the age group one to two years.

In view of recent interest in malnutrition and continued efforts by many organisations in this city to obtain support for supplementary feeding of the lower classes in schools, etc., the following figures have been compiled from death certificates for the year under review so as in some manner to indicate the extent of serious malnutrition existing locally. All these figures relate to non-White children under five years of age who died within the municipality irrespective of domicile.

Deaths from gastro enteritis	465
Deaths in which malnutrition is mentioned as a main or contributory cause	199

These 199 deaths are analysed as follows :—

Classified as	City residents	Bantu Townships	Imported cases	Total
Kwashiorkor	33	21	30	84
Other nutritional deficiency states	24	10	8	42
Other causes	41	11	21	73
	98	42	59	199

The 73 deaths attributed to other causes are analysed as :—

Classified as	Contributory cause				
	Malnutrition	Marasmus	Kwashiorkor	Rickets	Diarrhoea
Measles	8	1	3	—	5
Tuberculosis	4	4		1	
Other infectious diseases	1	1	1		1
Nervous system	5	1			
Respiratory system	11	6		4	
Digestive system		1	1		
Congenital deformity					1
Other diseases of early infancy		9	1		3
	29	23	6	5	10

52 of the 199 cases died at home and the remainder in hospitals.

CANCER

In accordance with the International Classification List of Causes of Death, this disease now appears as malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues.

The number of deaths certified during the year as being due to cancer was 677 (352 White and 325 non-White) compared with 604 (314 White and 290 non-White) in the previous year.

The number of deaths increased by 12 per cent in both racial groups, mainly in the categories Lungs, breast and cervix uteri.

In view of recent public interest in the causation of lung cancer and its relationship to cigarette smoking, the following figures may be of interest.

Deaths from neoplasms of trachea and lung bronchus —

	White		Non-White	
	Male	Female	Male	Female
1937	12	6	6	1
1947	21	3	4	2
1957	46	6	27	5
1960	34	12	27	2
1963	37	9	33	8
1964	41	11	47	7

From these figures it is obvious that lung cancer among males is worthy of consideration such deaths being further analysed as follows –

	White		Non-White	
	Under 55 yrs.	Over 55 yrs.	Under 55 yrs.	Over 55 yrs.
	%	%	%	%
1960	9	91	48	52
1961	12	88	36	64
1962	17	83	45	55
1963	17	83	29	70
1964	27	73	31	69

The deaths from cancer registered during the year and the corresponding rates are classified in the following table according to the parts of the body affected.

Int. Code No.	Parts affected	White		Non-White		All races	
		Deaths	Rate	Deaths	Rate	Deaths	Rate
140–148	Malignant neoplasm of buccal cavity and pharynx	8	0.04	4	0.01	12	0.02
150	Malignant neoplasm of oesophagus	7	0.04	26	0.07	33	0.06
151	Malignant neoplasm of stomach ...	39	0.20	56	0.15	95	0.16
152–153	Malignant neoplasm of intestine ...	28	0.14	10	0.03	38	0.07
154	Malignant neoplasm of rectum ...	12	0.06	6	0.02	18	0.03
155–156	Malignant neoplasm of liver	10	0.05	19	0.05	29	0.05
157	Malignant neoplasm of pancreas ...	14	0.07	7	0.02	21	0.04
162–163	Malignant neoplasm of trachea and bronchus of lung	52	0.26	54	0.14	106	0.18
170	Malignant neoplasm of breast ...	37	0.19	25	0.07	62	0.11
171–172	Malignant neoplasm of cervix uteri	21	0.11	26	0.07	47	0.08
177	Malignant neoplasm of prostate ...	14	0.07	12	0.03	26	0.04
181	Malignant neoplasm of bladder ...	7	0.04	7	0.02	14	0.02
–	Malignant neoplasm of other and unspecified sites... ..	64	0.32	42	0.11	106	0.18
200–205	Neoplasms of lymphatic and haematopoietic tissues	32	0.16	24	0.06	56	0.10
175	Malignant neoplasm of ovary	7	0.04	7	0.02	14	0.02
	Total ...	352	1.78	325	0.85	677	1.16

MEDICAL EXAMINATIONS

Medical examinations for initial entry into the Council service and medical attention for Fire and Traffic personnel are provided by the department. During the year 6,453 attendances were recorded as follows:–

Examination Centre

Department	Total	Fit	Temporarily unfit	Unfit
City Engineer	1,873	1,324	470	79
City Electrical Engineer	1,073	778	259	36
Town Clerk	695	541	139	15
City Treasurer	76	62	12	2
Health	92	66	20	6
	3,809	2,771	900	138

Consulting Room

	Fire Department	Traffic Department
Attendances at consulting room	1,353	713
Domiciliary visits	51	14
Assisted at operations	23	5
Recruits examined	25	52
	1,452	784
Females examined	408	

SECTION VI. – TUBERCULOSIS

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TUBERCULOSIS OFFICER

The new cases of tuberculosis reported in 1964, corrected for misdiagnosis and imported cases, numbered 1,821, and are classified in Table A.

TABLE A

	Lungs		Pleural effusion		Primary complex		Other forms	
	White	Non-White	White	Non-White	White	Non-White	White	Non-White
City	95	775	9	64	16	186	5	89
Langa		224		15		14		12
Guguletu		160		18		122		17
Total local cases	95	1,159	9	97	16	322	5	118
Imported infection	6	236		8	5	87	1	14
Hospitalised from outside the city	34	102		3	1		1	31
Total cases	135	1,497	9	108	22	409	7	163

Pulmonary tuberculosis by race. Local cases.

TABLE B

	Notifications		Rate per 1,000 population	
	1964	1963	1964	1963
White	120	112	0.61	0.57
Coloured	938	1,035	3.09	3.51
Bantu	636	519	8.62	7.06
Asiatic	4	6	0.54	0.82
non-White	1,578	1,560	4.10	4.16
All races	1,698	1,672	2.92	2.93

The rate per 1,000 for the Coloured population showed a considerable decrease, but the rate for the Bantu showed an increase of 1.56 per 1,000. It could be that, with the continued large scale movement of the non-White population to the new townships beyond Athlone, there has been a temporary lull in case finding which will be re-activated when a new clinic at Silvertown, to be opened shortly, becomes known and popular in the district. Similarly the increase in the Bantu notifications is probably related to the opening of the new clinic in Guguletu Township.

Further particulars regarding age-groups and wards of the city will be found in Tables N to P on pages 100 to 102.

Deaths from pulmonary tuberculosis (corrected) and the corresponding death rates were as follows:—

TABLE C

	Deaths		Rate per 1,000 population	
	1964	1963	1964	1963
White	11	22	0.06	0.11
Coloured	110	137	0.36	0.47
Bantu	52	31	0.71	0.42
Asiatic				
non-White	162	168	0.42	0.45
All races	173	190	0.30	0.33

The death rate for pulmonary tuberculosis per 1,000 population was halved in the case of the White community, and considerably decreased in the case of the non-White. The Bantu rate however, was nearly doubled. Overall figures show that the death rate per 1,000 population in both White and non-White groups was approximately one quarter of what it was only 10 years ago.

Other forms of tuberculosis.

TABLE D

	White		non-White		Total	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Meninges			31	11	31	11
Abdominal			7	2	7	2
Bones and joints	2	1	9	3	11	4
Glands	1		26		27	
Genito urinary system	1	1	11		12	1
Disseminated			28	6	28	6
Other organs	1		6	1	7	1
Total	5	2	118	23	123	25

During the year under review no tuberculosis of the meninges or abdomen was reported amongst the White group, and 31 cases of meningeal tuberculosis were found in the non-Whites. The increase in the non-Whites compared with the previous year is probably without significance.

It is gratifying to note the fall in notifications (31 cases) compared with approximately 85 per annum in the period 1954 to 1958, and 40 per annum during the years 1959 to 1963.

Much of the lack of success in the treatment of meningeal tuberculosis today is due to non-cooperation of the patient or its parents. Those patients who co-operate and take the medicines prescribed almost invariably do well.

The number of new cases and discovery rates are shown below for a series of years.

TABLE E

	New cases				Discovery rates per 1,000 population			
	Pulmonary		Other forms		Pulmonary		Other forms	
	M.	F.	M.	F.	M.	F.	M.	F.
White								
1954 – 55	126	72	15	8	1.39	0.72	0.16	0.08
1956	111	61	6	6	1.21	0.60	0.07	0.06
1957	123	61	7	5	1.33	0.60	0.08	0.05
1958	93	55	3	3	1.00	0.54	0.03	0.03
1959	99	49	10	12	1.06	0.47	0.11	0.12
1960	66	59	7	6	0.70	0.57	0.07	0.06
1961	89	45	13	14	0.98	0.44	0.14	0.44
1962	79	49	2	5	0.86	0.48	0.02	0.05
1963	71	41	1	5	0.76	0.40	0.01	0.05
1964	75	45	3	2	0.80	0.43	0.03	0.02
Non-White								
1954 – 55	857	743	112	116	6.07	5.07	0.79	0.79
1956	898	717	99	95	5.92	4.57	0.65	0.60
1957	978	728	82	81	6.15	4.43	0.52	0.49
1958	803	609	52	59	4.82	3.54	0.31	0.34
1959	767	545	91	90	4.39	3.02	0.52	0.50
1960	678	536	57	51	3.70	2.84	0.31	0.27
1961	680	536	106	103	4.76	3.35	0.74	0.66
1962	978	632	71	56	5.58	3.49	0.41	0.31
1963	962	598	50	41	5.21	3.14	0.27	0.22
1964	950	628	57	61	5.01	3.22	0.30	0.31

DEATHS

The death rates per 1,000 population from pulmonary and non-pulmonary tuberculosis (corrected) are shown below for each racial group during the past 5 years :—

TABLE F

Race	Pulmonary tuberculosis					Tuberculosis, other forms				
	1964	1963	1962	1961	1960	1964	1963	1962	1961	1960
White	0.06	0.11	0.09	0.12	0.13	0.01		0.01	0.01	0.02
Coloured	0.36	0.47	0.40	0.49	0.45	0.05	0.07	0.09	0.08	0.11
Bantu	0.71	0.42	0.71	1.22	0.97	0.09	0.07	0.18	0.53	0.20
Asiatic				0.42						0.14
Non-White	0.42	0.45	0.45	0.54	0.47	0.06	0.07	0.10	0.11	0.12
All races	0.30	0.33	0.32	0.37	0.34	0.04	0.04	0.07	0.07	0.08

The death rates per 1,000 of the population from all forms of tuberculosis (corrected) are in the following table :—

TABLE G

							Death rate per 1,000 population		
							White	Non-White	All races
2.8 years ended 30th June,	1916	...	...				1.04	4.69	2.82
5 "	"	"	"	1921	...	...	0.88	4.47	2.53
5 "	"	"	"	1926	...	...	0.79	4.09	2.28
5 "	"	"	"	1931	...	...	0.74	4.75	2.62
5 "	"	"	"	1936	...	...	0.84	4.99	2.82
5 "	"	"	"	1941	...	...	0.76	4.55	2.62
5 "	"	"	"	1946	...	...	0.72	6.06	3.47
5 "	"	"	"	1951	...	...	0.57	4.51	2.71
5 "	"	"	31st Dec.,	1956	...	...	0.20	1.70	1.09
5 "	"	"	"	1961	...	...	0.16	0.71	0.50
Calendar year									
"	"			1956	...	...	0.13	0.76	0.52
"	"			1957	...	...	0.15	0.87	0.60
"	"			1958	...	...	0.18	0.69	0.51
"	"			1959	...	...	0.17	0.51	0.39
"	"			1960	...	...	0.15	0.59	0.41
"	"			1961	...	...	0.13	0.64	0.44
"	"			1962	...	...	0.09	0.55	0.39
"	"			1963	...	...	0.11	0.51	0.38
"	"			1964	...	...	0.06	0.48	0.34

ANTI-TUBERCULOSIS CENTRES

TABLE H

	New Consultations			Total Attendances		
	1964	1963	1962	1964	1963	1962
Cape Town :						
White	1,268	1,381	1,433	4,231	4,496	4,898
Non-White ...	2,863	2,819	3,328	15,609	16,328	17,204
Total	4,131	4,200	4,761	19,840	20,824	22,102
Wynberg :						
White	534	666	693	2,103	2,294	2,424
Non-White ...	1,700	1,987	1,862	8,640	9,001	9,045
Total	2,234	2,653	2,555	10,743	11,295	11,469
Kensington :						
White				2		
Non-White ...	726	892	1,113	5,740	6,725	8,287
Total	726	892	1,113	5,742	6,725	8,287
Athlone :						
White		1	1		1	1
Non-White ...	2,339	2,543	1,872	12,258	12,521	10,541
Total	2,339	2,544	1,873	12,258	12,522	10,542
Langa :						
Bantu	649	504	480	4,943	4,549	4,136
Guguletu :						
Bantu	1,376	876	722	9,624	7,447	5,236
Total :						
White	1,803	2,048	2,127	6,336	6,791	7,323
Non-White ...	9,652	9,621	9,377	56,809	56,571	54,449
Total	11,455	11,669	11,504	63,145	63,362	61,772

Number of sessions :—	Cape Town	...	...	...	427
	Wynberg	...	...	...	219
	Athlone	...	...	...	297
	Kensington	...	...	...	150
	Langa	...	...	...	101
	Guguletu	...	...	...	99
					<u>1,293</u>

The primary consultations at the clinics during the year are classified in the table below :—

TABLE I

Persons attending for first time	White					Non-White				All races	
	Adults		Children		Total	Adults		Children			
	M.	F.	M.	F.		M.	F.	M.	F.		
Notified :											
Accepted	24	15	5	2	46	152	104	82	77	415	461
Observation ...		1			1		2		1	4	5
Not accepted ...	2	2		1	5	9	12	2	8	31	36
Total	26	18	5	3	52	162	118	84	86	450	502
Contacts :											
Notified		7	6	3	16	24	32	69	88	213	229
Observation ...						2	6	14	13	35	35
Non-tuberculous ...	135	220	144	134	633	317	882	1,258	1,333	3,790	4,423
Total	135	227	150	137	649	343	920	1,341	1,434	4,038	4,687
Suspects :											
Notified	45	19	6	14	84	603	267	90	91	1,051	1,135
Observation ...		2			2	6	16	8	14	44	46
Non-tuberculous ...	320	432	142	122	1,016	1,468	1,466	509	626	4,069	5,085
Total	365	453	148	136	1,102	2,077	1,749	607	731	5,164	6,266
TOTAL	526	698	303	276	1,803	2,582	2,787	2,032	2,251	9,642	11,445

SCREENINGS

TABLE J

Centre	Whites		Non-Whites		Total
	Males	Females	Males	Females	
Chapel Street	992	1,088	3,078	2,656	7,814
Wynberg	348	431	1,222	1,567	3,568
Kensington			925	1,110	2,035
Athlone			2,275	2,909	5,184
Langa			1,011	499	1,510
Guguletu					
Total	1,340	1,519	8,511	8,741	20,111

31,477 patients attended special sessions at the clinics for ambulatory treatment, and 13,101 domiciliary injections were given.

During the year 682 contact children received B.C.G. inoculation.

The number of new consultations at the clinics has remained static, as also the total attendances. The reduced attendances at the Kensington clinic are due to the marked depopulation which has taken place in this area, but with the new housing at present being erected there, it is not unreasonable to anticipate that attendances may show a gradual increase in the coming years.

SOURCES OF NOTIFICATION

The sources of notifications (all forms) received during the year (including imported infections, i.e. those now resident in Cape Town and known to have contracted the disease before arrival were as follows:—

TABLE K

Private practitioners	431
General hospitals and other institutions	790
City Health Department branches ...	863
Other local authorities	266
	<hr/>
	2,350
	<hr/>

The following table gives an arbitrary analysis of all primary notifications showing the degree and reasons for the failure to attend the clinics.

TABLE L

	Cape Town	Imported Infection	Langa	Guguletu	Outside Cape Town	Total
Attended clinic	1,093	316	230	292	101	2,032
Failed to attend	146	41	35	25	71	318
	1,239	357	265	317	172	2,350
Failure to attend clinic:						
In hospital	94	22	10	16	71	213
Hospital out-patients ...	4					4
Too ill	2			1		3
Died before notification	3		1	1		5
First advice through death registration	14	1	4	1		20
Refusals	13	6	9	4		32
Under private care	3					3
Untraceable or decamped on notification	13	12	11	2		38
	146	41	35	25	71	318

The percentage of notified Cape Town cases who attended the clinics for examination and advice was 89 per cent. More than half of the 11 per cent who failed to attend the clinics after notification were in hospital, having been admitted there directly from their homes or other institutions. The vast majority of these attend the clinic for post hospitalisation treatment.

TABLE M

Period	Total Cape Town cases notified	Bedfast on notification	Percentage of total cases notified	Dead on notification	Percentage of total cases notified
1945 – 46	2,195	168	7.7	298	13.6
1949 – 50	2,002	122	6.1	159	7.9
1954 – 55	2,049	54	2.6	78	3.8
1960	1,460	7	0.5	30	2.1
1961	1,586	5	0.3	33	2.1
1962	1,872	6	0.3	41	2.2
1963	1,769	11	0.6	25	1.4
1964	1,821	3	0.2	24	1.3

HOSPITALIZATION

TABLE N

	Urban		Langa	Guguletu	Outside Cape Town cases
	Local	Imported infection			
New pulmonary cases notified during the year	1,145	331	253	300	140
Known to have had T.B. positive sputum	349	84	79	55	
New pulmonary cases admitted to institutions for treatment of tuberculosis	578	101	134	119	140
Proportion of new cases admitted	50%	31%	53%	40%	
Died before receipt of notification	12	1	4	2	
Died within month of notification	31	6	5	4	

Outside Cape Town cases – cases admitted to the City Hospital or other hospitals from outside the municipal area.

A further 123 first positive sputa were obtained from patients notified in previous years.

The total number of Cape Town cases of pulmonary tuberculosis admitted to institutions during the year was 1,426 compared with 1,522 last year.

These were distributed as follows –

TABLE O

	White		Non-White		Total
	Males	Females	Males	Females	
City Hospital, Cape Town	79	55	34	265	433
Brooklyn Chest Hospital			490	21	511
Other institutions	3		278	201	482

TUBERCULOSIS REGISTER

The total number of persons known by the Department to be suffering from tuberculosis and to be living in the Cape Town municipal area on 31st December, 1964, is given below.

TABLE P

DISTRICT (not Wards)	Pulmonary			Non-pulmonary (chiefly bones and joints)			
	White	Coloured	Bantu	White	Coloured	Bantu	Total
Central city to Camps Bay	242	300	49	16	29	4	640
Old 'District Six'	2	652	40		22	1	717
Maitland	51	893	18	1	15		978
Woodstock to Observatory	125	335	7	8	26		501
Mowbray, Rosebank	86	469	11	7	29		602
Athlone	14	790	24	1	54	2	885
Bonteheuwel		731	8		30		769
Rondebosch to Wittebome	153	659	44		9		865
Plumstead to Clovelly	85	1,284	131	2	17	3	1,522
Langa			614			56	670
Guguletu			996			59	1,055
Total	758	6,113	1,942	35	231	125	9,204

CARE COMMITTEE FOR TUBERCULOSIS PATIENTS

The voluntary Care Committee works in close co-operation with the City Health Department. Accommodation for the almoner is provided at the six municipal anti-tuberculosis centres. Her salary and transport allowance is defrayed by the Local Authority.

The number of families assisted by monetary grants increased from 449 last year to 606.

The work done during the year is as follows:—

Families helped by payment of rent	...	...	...	...	94
" " " maintenance grants	...	...	...	...	129
" " " rent & maintenance grants	...	...	...	...	86
" " " payment of foster-mothers	...	...	...	...	—
" " " provision of clothing and blankets	...	...	...	...	47
No. of articles of clothing distributed	...	...	...	...	204
No. of blankets distributed	...	...	...	...	33

ALMONER :

Visits paid	...	...	...	...	...	...	747
Interviews given	...	...	...	...	...	...	2,062
New cases	...	...	...	...	...	...	338

There was a daily average of 67 children attending the Bokmakirie Creche which is under the control of the Care Committee for tuberculosis patients. These are children of tuberculous parents who, although showing no signs of the disease, have been exposed to considerable infection. The object is to keep the children in healthy surroundings while the parents are undergoing treatment, usually in hospital, or where the mother is obliged to go to work to augment the family income.

The Athlone Nursery School, financed and run by the Cape Province Tuberculosis Council, provided accommodation for 36 infants and children each day. This department and the public owe a considerable debt of gratitude to this body for the preventive work which is being carried out in this institution so successfully.

MASS RADIOGRAPHY SERVICE

The Mass Radiography Service is situated at the main tuberculosis clinic in Chapel Street, Cape Town, and has been a free service to all industrial and other groups in the municipal area since April, 1948. From its inception it has proved extremely popular and has shown considerable growth over the years.

Comparative figures for miniature examinations are shown below according to race and sex.

TABLE Q

Period	White		Non-White		Total
	Males	Females	Males	Females	
Year 1949 – 50	10,066	7,999	12,869	4,449	35,383
" 1954 – 55	14,668	10,643	19,839	15,877	61,027
" 1960	13,254	8,220	22,286	24,363	68,123
" 1961	12,361	8,531	24,109	22,359	67,360
" 1962	12,156	7,956	27,496	23,252	70,860
" 1963	12,930	8,163	27,318	24,581	72,992
" 1964	12,609	8,348	29,754	26,561	77,272

In addition to the 77,272 miniature film examinations made during the year, 2,948 large films were taken as compared with 2,696 in the previous year.

2,330 of those X-rayed were recalled for further examination. Of this number 628 were found to be suffering from active tuberculosis, compared with 571 in the previous year. This represents 0.8 per cent of the 77,272 miniature films examined.

Comparative figures for the incidence of active pulmonary tuberculosis discovered in the various age groups are given in the following table for a series of years.

TABLE R

Year	Race	Active tuberculosis discovered										Extra municipal cases (included in foregoing columns)	
		Age-groups								Total			
		15-25 years		25-35 years		35-45 years		45 and over					
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1949-50	White	16	24	13	13	10	6	7	-	46	43	11	5
	Non-White	65	55	98	11	66	12	32	2	261	80	49	11
	All races	81	79	111	24	76	18	39	2	307	123	60	16
1954-55	White	13	14	22	15	14	2	14	2	63	33	15	9
	Non-White	79	82	110	69	53	15	34	6	276	172	85	23
	All races	92	96	132	84	67	17	48	8	339	205	100	32
1963	White	6	8	9	2	6	2	12	1	33	13	8	5
	Non-White	64	67	92	64	118	25	88	7	362	163	65	20
	All races	70	75	101	66	124	27	100	8	395	176	73	25
1964	White	9	7	6	2	5	4	14	1	34	14	10	3
	Non-White	76	85	134	68	110	24	75	8	395	185	65	24
	All races	85	92	140	70	115	28	89	9	429	199	75	27

Of the 628 cases of pulmonary tuberculosis discovered, 131 were previously known. As in the past many of these new cases denied having any symptoms. The number of cases with extensive disease now being discovered is much lower than in earlier years, due in the main to the co-operation of many employers in making time available for having their employees examined at regular intervals.

In the year under review, 102 extra-municipal cases of tuberculosis were discovered compared with 98 in the previous year. All were notified and referred to their own local authority for treatment and supervision.

SECTION VII. – VENEREAL DISEASE

(Dr. A.J. Wilson, Venereal Disease Officer.)

The year under review shows an increase of 858 new cases attending the municipal treatment centres compared with the previous year. 372 new White cases were registered during the year as against 363 for the previous year. 6,012 new non-White cases attended as against 5,163 for the previous year.

The total attendances numbered 23,706 (1,505 White and 22,201 non-White) as compared with 21,586 in 1963, 18,183 in 1962, and 16,512 in 1961.

The number of new cases of syphilis increased by 625, while 60 recorded cases of congenital syphilis occurred as against 47 for the previous year.

The general picture which emerges from these attendance figures is that the incidence of syphilis among non-White males is annually increasing by leaps and bounds. Among non-White females there has been a slow and steady increase, but the position is as yet not comparable to the high incidence of the immediate post-war years. Gonorrhoeal infections are increasing at a much slower rate.

It should be remembered that the municipal treatment centres are virtually the only treatment centres in the metropolitan area of Cape Town and are open to all comers irrespective of domicile, including the roving population continually on the move between cities. A major obstacle to preventive work in the field of venereal disease in this city is the undisciplined element who are not amenable to reason, and their female counterparts who will not undertake treatment through a sense of false bravado.

TABLE I

	1964		1963	
	New cases	Incidence rate	New cases	Incidence rate
<i>Race :</i>				
White	372	1.9	363	1.9
Non-White	6,012	15.6	5,163	13.8
<i>Sex :</i>				
Male	4,775	16.8	4,234	15.2
Female	1,609	5.4	1,292	4.4
<i>Diseases :</i>				
Syphilis	2,108	3.6	1,483	2.6
Syphilis, congenital	60	0.1	47	0.1
Gonorrhoea	3,448	5.9	3,422	6.0
Other venereal diseases	41	0.1	61	0.1
Non-venereal diseases	563		402	
Undiagnosed	164		111	
All new cases	6,384	11.0	5,526	9.7

The true incidence rate for diagnosed cases of venereal disease, that is, the rate obtained by omitting those cases found not to have venereal disease and those remaining undiagnosed, was 9.7 per 1,000 population (1.6 White and 13.9 non-White). Last year the true incidence rates were 8.8, 1.6 and 13.8 respectively.

As venereal disease is not, except under certain specific circumstances, one of the notifiable infectious diseases, it should be realised that these rates are based on the number of individuals treated for venereal disease at the municipal treatment centres and take no cognisance of persons who might be treated by their family practitioners.

A record of new cases of venereal disease and the incidence rates for the municipality of Cape Town are set out in the following table for a series of years.

TABLE II

Year	Total new cases*	Population (including Bantu Township)	Incidence rate per 1,000 population
1930	3,316	262,192	12.6
1940	4,212	322,813	13.1
1950	4,461	424,207	10.5
1955	3,208	490,992	6.5
1960	3,227	519,171	6.2
1961	3,795	530,166	7.2
1962	4,080	551,450	7.8
1963	5,016	571,440	9.0
1964	5,657	580,430	9.7

*Excluding non-verereal and undiagnosed cases.

TABLE III

Disease	New cases					Total attendances				
	White		Non-White		Total	White		Non-White		Total
	M.	F.	M.	F.		M.	F.	M.	F.	
1 Seronegative primary Syphilis	25	1	547	51	624	136	1	2,063	204	2,404
2 Seropositive primary Syphilis	29	1	414	77	521	187	1	1,736	338	2,262
3 Secondary syphilis	9	5	138	249	401	57	34	743	1,340	2,174
4 Tertiary syphilis (1)	1		12	28	41	20		91	250	361
5 Endosyphilis (2)	4	4	83	408	499	42	21	544	1,954	2,551
6 Neurosyphilis ...			18	4	22			290	47	337
7 Congenital syphilis (under 1 year) ...			25	23	48			163	160	323
8 Congenital syphilis (over 1 year) ...			3	9	12			22	99	121
Total	68	11	1,240	849	2,168	442	57	5,652	4,392	10,543
9 Gonorrhoea	217	18	2,901	286	3,422	622	49	6,139	616	7,426
10 Gonococcal vulvovaginitis				15	15				37	37
11 Gonococcal ophthalmia				11	11			6	20	26
Total gonorrhoeal infections	217	18	2,901	312	3,448	622	49	6,145	673	7,489
12 Ulcus molle	5	1	17	4	27	7	1	31	6	45
13 Lymphopathia venereum										
14 Granuloma venereum			4	10	14			6	19	25
15 Venereal warts ...										
Total venereal diseases	290	30	4,162	1,175	5,657	1,071	107	11,834	5,090	18,102
16 Non-gonococcal urethritis	6		33	1	40	16		115	1	132
17 Non-venereal disease	19	18	165	321	523	38	36	245	483	802
18 Undiagnosed ...	5	4	95	60	164	162	75	2,450	1,983	4,670
Grand Total ...	320	52	4,455	1,557	6,384	1,287	218	14,644	7,557	23,706

(1) Clinically recognizable.
(2) Diagnosed on result of serological test alone.

The following table shows how the number of new cases of venereal disease attending the centres is again increasing.

TABLE IV

Year	New cases																Total
	Syphilis, congenital				Syphilis, other forms				Gonorrhoeal infections				Other venereal diseases				
	W.		N-W.		W.		N-W.		W.		N-W.		W.		N-W.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1945	2	11	120	263	93	51	758	1353	191	31	528	123	8	1	51	7	3591
1950	5	5	149	338	93	25	809	1479	167	12	1141	146	15	—	61	13	4461
1955	1	—	5	45	15	12	290	506	175	12	1840	90	53	1	111	52	3208
1960	1	—	9	6	18	8	291	419	180	4	2109	144	2	—	31	5	3227
1961	—	2	7	13	14	10	433	433	207	15	2411	219	3	—	24	4	3795
1962	—	—	11	9	30	9	547	561	216	20	2425	233	4	—	13	2	4080
1963	—	—	28	19	35	12	813	623	228	28	2845	324	5	1	26	29	5016
1964	—	—	28	32	68	11	1212	817	217	18	2901	312	5	1	21	14	5657

INCIDENCE AMONG TEEN-AGERS

The following figures, extracted from Table III, give some indication of the extent of venereal disease among teen-agers. There has been an increase of 133 such cases seen, compared with the previous year, and the total of 793 new cases comprises 14.4 per cent of all new cases seen at the clinics. The greatest increase occurred in the 18 year group, with the disturbing aspect that syphilis has increased much more rapidly than gonorrhoea in teen-agers.

New cases, teen-agers.

		Syphilis	Gonorrhoea	Undiagnosed non-venereal	Total
White	Males	5	36	3	44
	Females	1	4	5	10
Non-White	Males	161	311	31	503
	Females	158	49	29	236
Total		325	400	68	793

These new cases are classified by age as follows :—

Age in years	White		non-White		Total
	Male	Female	Male	Female	
13				4	4
14		1	2	13	16
15	1		10	11	22
16	3		49	40	92
17	11	2	84	44	141
18	11	1	172	56	240
19	18	6	186	68	278
Total	44	10	503	236	793

MUNICIPAL TREATMENT CENTRES

Four municipal treatment centres continue to function for free advice and treatment of venereal disease, i.e. at the City Infectious Diseases Hospital, Salt River, Wynberg and Kensington. During the year, 23 medical sessions (6 White and 17 non-White) were held each week.

Table V shows the number of new cases (including non-venereal) registered at the various municipal treatment centres, together with the number of attendances or consultations held. It should be noted that male and female sessions for Whites and non-Whites are held at the City Hospital and Wynberg centres, male and female sessions for non-Whites together with a White female session at Salt River, and male and female sessions for non-Whites only at Kensington.

TABLE V

Centre	Sessions	New cases	Attendances
City Hospital, Portswood Road	400	1,484	5,781
Salt River	332	3,396	11,505
Wynberg	290	1,088	4,784
Kensington	100	248	1,191
Pre-natal clinics (at child welfare centres) ...		168	445
Total	1,122	6,384	23,706

VENEREAL DISEASE CONTACTS

Where definite information regarding contacts can be supplied, the patient is requested to persuade the contact to attend the clinic with an identification slip provided for the purpose. During the year, 448 such persons responded as shown below. Although this compares favourably with the figure of 290 in the previous year, the number of 5,657 new cases registered leaves a balance of unknown reservoirs of infection which is quite formidable.

TABLE VI

Contact	Total	Syphilis	Gonorrhoea	Other venereal disease	Unresolved
Husband	30	17	6		7
Wife	161	48	103	2	8
Friend	164	74	84		6
Other	93	43	46	1	3
Total	448	182	239	3	24

PATHOLOGICAL EXAMINATION

In order to establish an early diagnosis, microscopic examinations of sores and discharges are carried out at all clinic sessions. The number of such examinations during the year was as follows :—

TABLE VII

	Positive	Negative	Total
Number of dark-ground examinations for Sp. Pall	992	187	1,179
Number of smear examinations for gonococci	3,098	109	3,207

In addition, 8,925 blood specimens and 685 smears were sent to the Government laboratory for examination.

SECTION VIII. – CITY HOSPITALS

(DR. H.R. ACKERMANN, M.B., CH.B., T.D.D., F.C.C.P., MEDICAL SUPERINTENDENT OF HOSPITALS.)

The city group of hospitals consists of the following institutions :—

- (1) The City Hospital for Infectious Diseases in Portswood Road, Cape Town.
- (2) The Brooklyn Hospital for Chest Diseases at Koeberg Road, Maitland.

CITY HOSPITAL FOR INFECTIOUS DISEASES, PORTSWOOD ROAD

The hospital provides accommodation for 518 patients. Ordinarily, patients suffering from the following diseases can be admitted to the hospital: enteric fever, diphtheria, erysipelas, puerperal fever, cerebrospinal fever, acute poliomyelitis, infective encephalitis and scarlet fever. Cases of other infectious diseases are admitted for special medical or social reasons. Accommodation is also provided for cases of pulmonary tuberculosis.

The medical staff at the 31st December, 1964 consisted of the Medical Superintendent of Hospitals, Deputy Medical Superintendent and six medical officers.

HOSPITAL STATISTICS

The daily average beds occupied in the City Hospital, Portswood Road, and Brooklyn Hospital in the year under report was as follows :—

Disease	From Cape Town Municipality		From outside Municipality	
	White	Non-White	White	Non-White
Measles	0.3	5.0	0.1	4.3
Acute poliomyelitis ...		0.1	0.1	0.6
Cerebrospinal fever ...	0.2	1.6	0.2	1.5
Diphtheria	0.4	3.1	0.5	1.9
Enteric fever	0.1	1.6	0.1	3.5
Scarlet fever	0.4	0.4	1.0	
Whooping cough	0.3	3.3	0.1	2.4
Tuberculosis, pulmonary ...	41.2	356.9	18.5	45.5
Tuberculosis, other forms	0.0	32.2	1.7	13.2
Other diseases	1.5	5.3	0.2	2.2
Total	44	409	23	75

The average daily number of patients in the hospital (exclusive of Brooklyn Hospital) was 292 .

Patients treated in City Hospital during the year :—

	White		Non-White		Total
	M.	F.	M.	F.	
Patients in hospital 31st Dec., 1963	42	29	60	173	304
Admitted	131	114	335	544	1,124
Discharged	143	111	303	509	1,066
Died	3	3	28	37	71
In hospital 31st December, 1964 ...	27	29	64	171	291

Age grouping of patients

	<i>Under 5 years</i>	<i>5 — 14 years</i>	<i>15 — 24 years</i>	<i>25 — 44 years</i>	<i>Over 45 years</i>	<i>TOTAL</i>
White	44	59	60	82	71	316
Non-White	568	145	142	216	41	1,112
TOTAL	612	204	202	298	112	1,428

X-RAY DEPARTMENT AND CLINICAL ROOM

This department is available not only for in-patients but also for out-patients from this and other hospitals, and for cases referred from the tuberculosis clinic.

	White	Non-White	Total
Attendances	4,680	13,497	18,177

Clinical room :

Screenings	3	56	59
Refills	3	38	41
Surgical consultations	45	191	236
Clinics	361	541	902
Mantoux tests	382	187	569
Schick tests	111	113	224
Special injections (bronchograms) ...	17	38	55
Other injections	517	639	1,156

X-ray department :

X-rays	3,494	11,437	14,931
Bronchograms	21	41	62
Tomograms	48	93	141
Miniature X-rays	253	894	1,147
Special X-rays	244	530	774

OPERATING THEATRE

The operations performed during the year were as follows :—

Bronchoscopy	4
Dental extraction	1
Incision and drainage osteitis ...	1
Intestinal obstruction	3
Laparotomy	1
Mastoidectomy	2
Removal of nail and abscess ...	1
Scraping and curettage of glands ...	1

DENTAL CLINIC

The dental officer attends periodically and provides dental attention for tuberculosis inpatients.

During the year under report 161 patients attended for dental treatment. Further details are shown in the table on page 43.

BROOKLYN HOSPITAL FOR CHEST DISEASES

This institution together with its medical and nursing staff falls under the general supervision of the Medical Superintendent of Hospitals, and is dependent on the City Hospital for dispensary services.

The hospital's total bed state is as follows :—

Ward A.	38	Ward S.	22 (11 males and 11 females)
Ward B.	38	Ward I.	24 (Moslem ward)
Ward C.	38	Ward 2.	24 (School boy age group)
Ward D.	38	Ward 3.	13
Ward E.	36	Ward 4.	21
Ward F.	38		<u>330</u>

The average daily number of in-patients during the year was 259.

Details of the work done by the hospital is shown in the following tables.

Chemo-therapy and routine grade rest exercise continues as the basis of successful treatment.

Owing to medical and nursing shortages, a marked drop in major thoracic operations has again been a feature this year.

The work of the X-ray department has kept pace with the number of plates taken last year. Surgeon's consultations however, dropped from 203 last year to 83 this year.

Patient turnover has dropped to 530 admissions, due in the main to beetle eradication work on the roof timbers of Wards A, D and E, which, each in turn, were out of action for considerable periods of time.

The staff were routinely vaccinated during the year, and in addition booster doses of TAB vaccine were given to the laundry staff.

DEVELOPMENT

Beetle eradication from the roofs of Wards A, D and E was completed during the early part of 1964. This work called for much reorganisation as the patients in these wards had to be accommodated in other parts of the hospital. Wards 3 and 4 were used to house the patients from these wards as the work progressed. After the wards had been treated they were repainted before being re-occupied. Ward A which was the last ward to be treated was re-occupied on 22nd April, 1964. The above work led to a reduction of available beds and is reflected in the drop in admissions for the year.

Staff.

This hospital has not had its full complement of medical officers throughout the year, and as a result major thoracic surgery has had to be pruned very extensively, and in addition the number of admissions has also been affected. The year 1964 was punctuated by medical officers who joined the staff for only short periods and then left.

The work of this hospital has also suffered because of the shortage of trained nursing staff. The pay grievance by 24 nurse-aides on 31st March was symptomatic of the problem this hospital experienced during 1964.

Laundry.

<i>Quarterly figures</i>	<i>Articles</i>	<i>Bags</i>
1st Quarter	266,971	1,561
2nd Quarter	242,873	1,438
3rd Quarter	254,815	1,614
4th Quarter	257,534	1,801
	<u>1,022,193</u>	<u>6,414</u>

Patients treated in Brooklyn Chest Hospital during the year were as follows —

				<i>Non-Whites only.</i>		
				<i>Males</i>	<i>Females</i>	<i>Total</i>
In hospital	31st December,	1963		266		266
Admitted	...	...	...	503	27	530
Discharged	...	...	...	452	26	478
Died	...	...	...	63	1	64
Remaining in hospital	at end					
of year	...	...	...	254		254

EXAMINATIONS AND TREATMENT

	<i>Staff</i>	<i>In-patients</i>	<i>Out-patients</i>	<i>Total</i>
Examinations	35			35
Sick parade	510			510
Mantoux tests	54			54
Blood sedimentations	26		40	66
Special injections	293			293
Aspirations chest		72		72
Lumbar punctures		17		17
Intubations		3		3
Inductions		1		1
Vaccinations	315			315
Urethral dilatations		1	1	
Bronchoscopy		1		1

DENTAL CLINIC

	<i>New cases</i>	<i>Extractions</i>	<i>Other</i>	<i>Total</i>
Adults	110	74	110	184
Children	3	3	5	8
Sessions				11

X-RAY DEPARTMENT

	<i>Skia-grams</i>	<i>Broncho-grams</i>	<i>Tomo-grams</i>	<i>Surgeons' Consul-tations</i>	<i>Ortho-paedic</i>	<i>Special Examina-tions</i>
Staff	750				14	
In-patients	2,533	72	123	80	78	23
Clinic (B.C.H.)	69		13	3	1	
Ex Chapel Street)						
Langa, City)						
Hospital, Wyn-)						
berg & Athlone)	579					
Divisional Council	789					
F.O.S.A.	366					2
Windermere and						
Guguletu	2,796					

OPERATING THEATRE

Major Thoracic.

Pneumonectomy	7
Lobectomy	15
Thoracotomy	4
Thoracoplasty	5

Minor Thoracic.

Bronchoscopy	13
Pleural biopsy	1
Bronchogram	3
Tracheotomy	1
Drainage of empyema	1

Major general	17
Minor general	17
Orthopaedic	8
Urological	25
Oto-rhino-laryngeal	6
Major gynaecological	3
Minor gynaecological	6

AMBULANCE AND DISINFECTING STATION

This is situated in the grounds of the City Hospital, Portswood Road. There is garage accommodation, in which are housed (besides other departmental cars) three ambulances for the removal of cases of infectious disease, two vans for the transport of infectious and disinfected bedding, and one van for the distribution of supplies to the municipal hospitals and clinics.

The disinfecting station contains two Washington-Lyon pressure steam disinfectors and a formalin fumigating chamber.

The ambulance and disinfecting service is staffed by the ambulance officer, disinfection officer, five motor drivers and two labourers. This staff is also responsible for the disinfecting of houses and other premises for infectious diseases and other conditions. A fitter, assisted by a boiler attendant and labourer, is in charge of the disinfecting station. The disinfection of bedding, etc., for both the hospitals is also done at the disinfecting station. The general ambulance service for the city is operated by the Town Clerk.

The work done during the year by the ambulance and disinfecting service is indicated by the following figures :—

Ambulance journeys (return)		Premises disinfected	
To City Hospital	To other hospitals or premises	For tuberculosis	For other infectious diseases
908	98	550	406

1,496 Patients were conveyed in the three departmental ambulances, involving a total distance of 22,000 miles.

The distance covered during the year by the vans and ambulances was 146,423 miles.

SCABIES AND PEDICULOSIS
(CLEANSING STATION)

The cleansing station at 15 Cowley Street, Cape Town, is provided for the disinfection of verminous persons and their clothing. It is in the charge of a superintendent, who works under the supervision of a medical officer, and has two non-White assistants. The work consists mainly of the treatment of scabies, which is more prevalent in Cape Town than pediculosis.

The attendances in the year under report were as follows :—

Persons	First attendances						Total attendances					
	Sca-bies	Impe-tigo	Body lice	Ring worm	Head lice	Total	Sca-bies	Impe-tigo	Body lice	Ring worm	Head lice	Total
<i>Children under 16 years of age:</i>												
White boys					5	5					5	5
White girls	2				17	19	2				17	19
Non-White boys ...	498	48			17	563	1,777	175			17	1,969
Non-White girls ...	505	61			96	662	1,847	269			96	2,212
Total Children	1,005	109			135	1,249	3,626	444			135	4,205
<i>Adults:</i>												
White males						1	1					1
White females	1					1	1					1
Non-White males ...	86	1	1		1	89	241	9	1		3	254
Non-White females ...	108				3	111	283	2			7	292
Total Adults	195	1	1		4	201	525	11	1		10	547
<i>Total persons:</i>												
White	3				22	25	3				22	25
Non-White	1,197	110	1		117	1,425	4,148	455	1		123	4,727
All races	1,200	110	1		139	1,450	4,151	455	1		145	4,752

SCABIES

There appears to have been an upsurge of scabies sufferers attending the Cleansing Station at Aspeling Street over the past three years. This cleansing station designed for the handling of verminous individuals was, owing to lack of support from this type of individual, permitted in 1940 to provide treatment for scabies. From its inception for this type of case the numbers of new attendances fluctuated from 2,972 cases in 1940 to 3,298 new cases in 1944, to 242 cases in 1958, with steady increases in 1962 (1,691), 1963 (3,316) and 1964 (1,200). This station only covers the local area of District 6, Woodstock, Salt River and Observatory.

It would appear that in 1964 the problem of scabies was municipal wide as indicated by reports on approximate numbers attending the other clinics and the amount of Benzyl Benzoate used.

	1964		
	<i>New cases</i>	<i>Total attendances</i>	<i>Benzyl Benzoate</i>
Aspeling Street	1,200	4,151	20 gallons
Other child welfare centres			± 63 gallons

Although unable to offer any reason for this marked increase in incidence of scabies, we do know that marked overcrowding of the Coloured section of the population is at present occurring owing to increased population and migration from the rural areas into the city.

SECTION IX. – ENVIRONMENTAL SANITATION

ESTABLISHMENT

On 31st December, 1964, the staff of health inspectors was as follows:–

					<i>Authorised</i>	<i>Actual</i>
Chief health inspector	...	...	...	...	1	1
Senior assistant chief health inspector	...	...	...	...	1	1
Assistant chief health inspector	...	...	...	...	1	1
Divisional health inspectors	...	...	...	...	5	5
Health inspectors (White)	...	...	...	...	31	30
Health inspectors (Coloured)	...	...	...	...	3	2
Health inspectors (Bantu)	...	...	...	...	3	3
Learner health inspectors	...	...	...	...	7	5 (White) 2 (Coloured)
Dairy inspectors	...	...	...	...	3	3
Pest control inspectors	...	...	...	...	3	3

During 1964, owing to the phenomenal increase in the number of building plans submitted for approval, it became impossible for the pest control officer acting as my representative in Building Survey Branch to cope with the volume of work, and a second senior district health inspector had to be seconded to assist in this work. Two inspectors serve in rotation in this capacity. It is hoped that this upsurge of building activity is only temporary but should such not be the case it will become necessary to appoint a second full time and permanent incumbent to Building Survey so as to expedite the passage of plans through this section.

It is pleasing to be able to report an increase in the number of learner health inspectors who will in the future provide a reservoir for the health inspectoral staff. These individuals are better trained in public health work than are the students attending the Technical Colleges where a minimum of practical training is given during the new two year full-time or three year part-time course.

The increase in the number of Coloured health inspectors will provide fully trained men for duty in the areas demarcated for Coloured occupation in terms of Government policy.

SCOPE OF WORK

The work carried out by the various sections of the inspectorate branch are set out in the schedules which follow.

Food, Drugs and Disinfectants Act.

The number of free samples that could be examined for the municipality by the Government Chemical Laboratory was fixed at 766 by Government Notice No. 997 of 11th July, 1958. Sampling duty is undertaken by the five divisional inspectors.

The following is a record of the samples taken during the year:–

Nature of Samples	No. of samples	Adult-erated	Prose-cuted	Warned	Dis-charged	With-drawn	Fines R
Milk	280	3	3				225
Sausage	127	34	25	6		3	1,245
Mince meat	158	32	24	2	1	5	685
Cream	80						
Polony	13	5	2	2	1		30
Ice cream	12						
Yoghourt	26						
Fresh meat	9	1	1				30
Buttermilk	19						
Cheese	45						
Other	2						
	771	75	55	10	2	8	2,215

Pest control officers.

The two pest control officers primarily responsible for the rodent, mosquito and cockroach control measures in the city are assisted by 24 Cape Coloured rodent operatives, whose duties involve routine block-baiting with Warfarin and its derivatives for rodent control. In the year under review 42,625 lbs. of bait were laid.

The following schedule details the rodent control work carried out by this section during the year under review.

Inspections by pest control officers :

Re rodents	...	...	...	...	7,621	
Re mosquitoes	...	...	...	...	1,960	
						9,221
Inspections re rodents by other inspectors	...					54
Inspections re mosquitoes by other inspectors						537

Visits made to lands and premises by rat-catchers:

Re rodents	...	...	...	...	70,374	
Re mosquitoes	...	...	...	...	23,005	
						93,379

Number of notices served by pest control officers :

Verbal notices	...	...	...	...		—
Written notices	...	...	...	...		14

Number of rodents caught and destroyed :

Brown rats	...	...	...	...	6,114	
Black rats	...	...	...	...	324	
Gerbilles	...	...	...	...	822	
						7,260

The figures given above as to rodents destroyed include only the number of animals whose dead bodies were actually recovered. There is no reason to doubt that many more were destroyed by the methods employed.

The rodents destroyed and recovered are shown in the following table :—

Year					Brown rats	Black rats	Gerbilles	Total
1926	...	...	...		8,409	1,206	3,430	13,045
1936	...	...	...		3,757	3,240	610	7,607
1946	...	...	...		9,082	1,879	287	11,248
1956	...	...	...		4,868	1,487	1,489	7,844
1960	...	...	...		6,266	957	821	8,044
1962	...	...	...		6,090	319	963	7,372
1963	...	...	...		5,371	269	1,106	6,746
1964	...	...	...		6,114	324	822	7,260

MOSQUITOES

The pest control officers specialise also in anti-mosquito work. They investigate local prevalence of mosquitoes discovered through complaints or systematic inspections. They also control permanent anti-mosquito measures in the Black River valley, extending from the Bokmakirie Township to the Royal Observatory, as well as giving attention to seasonal collections of standing water and other known mosquito breeding foci within the municipal area. Four of the ratcatching staff under their control devote the whole of their time to oil-spraying of waters where mosquitoes are likely to breed. In addition to these four operatives, another employee carries out regular oil treatment of standing water at the sewage disposal works at Athlone.

The increasing popularity of private swimming pools has increased the number of potential breeding places and added to the burden of mosquito control.

COCKROACHES

In addition to dealing with anti-rodent work and mosquito control, an increasingly important section of environmental sanitation has been the control of cockroaches in food establishments and foul and stormwater sewers.

These tasks are shared by the district health inspectors and the pest control officers. Where infestation is traced to the municipal sewers control measures are carried out by the City Engineer's Roads and Drainage staff.

During the year under review, the Roads and Drainage staff detailed to control cockroach infestation in the sewers, foul and stormwater, in the area from Bakoven to Woodstock, completed their task with very satisfactory results.

Complaints of cockroach infestation are investigated jointly by the City Engineer's Department and this department, and appropriate action taken according to locality of any infestation discovered.

PLANS

The pest control officer seconded to the Building Survey Branch of the City Engineer's Department, assisted by the additional senior health inspector, made 3,123 scrutinies of plans and minor work permits during 1964, compared with 2,128 in the previous year.

District health inspectors

The inspections recorded as made by the district health inspectors during the year were as follows—

Aerated water factories	...	...	...	181
Bakehouses	...	...	...	509
Boarding houses and hotels	...	...	...	1,482
Chalets	...	...	...	7,085
Dairy stables	...	...	...	2,403
Foodshops	...	...	...	33,828
Other shops	...	...	...	6,490
Hawkers	...	...	...	2,958
Horse stables and cattle premises	...	...	...	1,746
House inspections	...	...	...	31,140
Ice cream dealers	...	...	...	2,592
Infectious diseases	...	...	...	700
Markets	...	...	...	1,552
Milk shops	...	...	...	4,878
Bantu vaccinated	...	...	...	31,802
Office interviews	...	...	...	2,164
Open land, beaches	...	...	...	4,340
Places of entertainment	...	...	...	745
Refuse tips	...	...	...	722
Restaurants and cafes	...	...	...	9,541
Schools	...	...	...	150
Streets and lanes	...	...	...	3,381
Vehicles	...	...	...	3,718
Washhouses	...	...	...	714
Other visits	...	...	...	9,871
				164,692

Particulars in connection with visits recorded in the above inspections :

Visits to premises where action was taken in connection with	
rodent infestation	54
Visits at which premises were disinfected	47
Drain tests carried out	54

The notices served by health inspectors during the year under review are enumerated below:—

Proceedings begun by :

Verbal notices	417
Formal written notices	1,645
Total proceedings begun	2,062

Written notices following verbal notices	5
--	---

Total notices served :

Verbal notices	417
Formal notices	1,699
	2,116

The number of items included in the 2,116 notices were as follows:—

	Drainage	Household	Business	Stable	Other	Total
Ward 1	2	15	19		8	44
Ward 2	14	25	11		7	57
Ward 3	6	24	36		16	82
Ward 4	10	64	49		24	147
Ward 5	24	102	63		8	197
Ward 6	11	195	110	2	8	326
Ward 7	3	57	31		2	93
Ward 8	17	89	136	5	17	264
Ward 9		13	4		2	19
Ward 10	3	109	46	5	5	168
Ward 11		17	3		1	21
Ward 12	1	14	5		7	27
Ward 13	2	60	105	11	16	194
Ward 14	1	83	118	1	47	250
Ward 15	8	75	98	7	28	216
Total	102	942	834	31	196	2,105

Other defects were dealt with by the inspectors by reports for transmission to the City Engineer and other departments of the Corporation as follows:—

Stopped drains	...	...	...	329
Defective water fittings	...	...	...	17
Unauthorised structures	...	...	...	25
Undrained premises	...	...	...	13
Structural defects to premises	...	...	...	18
Other defects	...	...	...	37

CASES BEFORE THE MAGISTRATES

The following table gives particulars of cases heard by the magistrates during the calendar year at the instance of the City Health Department. In most of the cases there were two or more separate counts; the counts are not enumerated in the table. In some cases more than one person was summonsed for the same offence; if any one accused was fined or reprimanded the case is recorded in the table accordingly, notwithstanding that the other accused may have been discharged.

Nature of offence	Number of cases					Total Fines R
	Total	Fined	Repri- manded	Dis- charged	With- drawn	
Dwelling-house premises in insanitary condition	3	3				120
Insanitary conditions or other offences at food premises	1			1		
Selling foodstuffs in contravention of the Food, Drugs and Disinfect- ants Act:	75	55	10	2	8	2,215
Unregistered delivery vehicle	1			1		
Trading without licence	9	7		1	1	94
Selling unpasteurised milk	1	1				30

Delay is occasionally experienced in the institution of legal proceedings within the stipulated time in cases of contravention of the Food, Drugs and Disinfectants Act, resulting in the case having to be withdrawn.

Representations have frequently to be made to the Public Prosecutors so as to obviate valuable time expended by the inspectors and the Government Analyst coming to nought because someone in the Department of Justice has not complied with the provisions of the Act in so far as the serving of summons is concerned.

TRADING LICENCES

TEA SHOPS, CAFES, RESTAURANTS, EATING-HOUSES AND BOARDING HOUSES.

Municipal regulations provide for the annual licensing of these premises and the controlling of the equipment and management. Applications for licences are considered by the responsible committee after report by the Medical Officer of Health.

The following is an analysis of the applications dealt with during the year:—

	Restaur- ants	Tea Shops	Cafes	Eating- Houses	Boarding Houses
1. Applications received...	335	1,178	66	35	214
2. Granting of licences recommended (without conditions)...	288	991	48	29	190
3. Granting of licences recommended (subject to conditions) ...	46	187	18	6	24
4. Number under item 3 later reported as having complied with conditions ...	31	132	11	4	12
5. Refusal of licences recommended ...	1				
6. Applications withdrawn ...					

During 1964 I took the opportunity of again protesting to the responsible committee of the Council regarding the continued permitted use of the unsuitable wooden structures on the Grand Parade and the Cafes-de-Move-on for the sale and storage of fruit and other foodstuffs as the result of an application for the transfer of a trading licence for one of these structures.

The appropriate Committee did not support my recommendations and agreed to the transfer of the licence.

This resulted in the Minister of Health being questioned in Parliament on the powers of a Council to override an adverse report on public health grounds by its Medical Officer of Health.

The matter was partly resolved however, when it was revealed that it was the Council's intention to move these stalls and structures to a new site to be made available when the existing Railway Station is demolished, and that such stalls and structures would be of a permanent nature and comply with the health regulations applicable to food handling premises.

Food inspection

The following foodstuffs were condemned as unfit for human consumption as the result of ordinary inspections by health inspectors and the market health inspector during the year.

				Weight (lbs.)					Weight (lbs.)
<i>Fruit:—</i>					<i>Vegetables:—</i>				
Pome ...	...	...	...	6,725	Bulbs and leaves ...	...	...	...	33,094
Drupe ...	...	...	...	8,245	Flowers ...	...	...	...	331
Citrus ...	...	...	...	118,927	Leaves and stems ...	...	...	...	59,972
Vine ...	...	...	...	4,530	Roots ...	...	...	...	14,867
Small fruit ...	...	...	...	2,230	Seed fruits ...	...	...	...	463,179
Miscellaneous ...	...	...	...	69,277	Tubers ...	...	...	...	225,201
				<hr/>					<hr/>
				209,934					796,644

Other provisions:—

Canned food ...	...	...	...	7,499	Dried food ...	...	...	...	1,503
Canned milk ...	...	...	...	1,082	Fish ...	...	...	...	1,411
Confectionery ...	...	...	...	643	Meat ...	...	...	...	550
Delicacies ...	...	...	...	569	Spices ...	...	...	...	16,906
									<hr/>
									30,163

During the year an increased amount of all types of fruit, headed by citrus and bananas, was condemned at the municipal market by a member of the health inspectoral branch. An increase has also to be recorded for other commodities such as provisions, including spices which were involved in a large warehouse fire in the municipal area.

As the result of a complaint to the department by a shopkeeper who informed us that one of his customers had brought to him a can of "Stewed Steak" in which was found a cockroach, other packs of the same type still on the shelves were impounded. On opening another can a cockroach was also found.

As the factory responsible for canning this "Steak" did not operate in the area of Cape Town, the matter was handed over to the State Department of Health for further elucidation. The disturbing feature was that this firm's products all have the stamp of the South African Bureau of Standards who do not lightly grant permission to use their stamp to a manufacturer or canner.

The result according to information supplied to us has been a marked tightening up of supervision by the Bureau staff on all canners bearing their mark.

MUNICIPAL WASHHOUSE

There are six washhouses in the municipal area, namely, at Hout Street, Hanover Street, Salt River, Mowbray, Claremont and Wynberg. At each of four washhouses there is a caretaker, at one an assistant caretaker and at one washhouse (Hout Street) there are two assistant caretakers. At Hanover Street washhouse the washing troughs are supplied with steam, and 'hydro-extractor' drying chambers, ironing machines and electric irons are provided. All the others are supplied with cold water only and the drying and bleaching are done in the open air.

The charges for washing and ironing are: for washing 5c per day and for ironing (including use of electric irons) 2c per hour at all the washhouses, except the Hanover Street washhouse, where the charges are 10c per half day for washing and ironing (combined).

With the opening of a new public bath house in Rose Street, central city, during July, 1964, the shower baths attached to the Hout Street washhouse were closed and this area incorporated into the washhouse proper.

During 1964 the department was faced with demands by the Government Factory and Machinery Inspectors for additional sanitary facilities and new equipment, at an estimated cost of over R9,000, for the Hanover Street Washhouse. This washhouse which was erected in 1904 is situated in a very congested area of 'District Six' has fulfilled a great need for the many individuals resident in this overcrowded section of the city. At the end of the year the continued existence of the washhouse was still in jeopardy as no final decision had been arrived at by the responsible Committee as to whether it should be closed down or kept open.

The attendances and takings at the washhouses (including ironing rooms) during the year were as follows :—

	Attendances	Money taken
Hout Street	6,666	460.37
Hanover Street	9,127	1,692.60
Salt River	2,909	153.70
Mowbray	9,841	886.94
Claremont	11,311	927.19
Wynberg	6,550	471.49
	46,404	R4,592.29

The usual annual drop of over 1,000 from the previous year's total of attendances at the washhouses continued.

The attendances and takings at the Hout Street showerbaths until time of closure were as follows :—

	Shower-baths	
	Attendances	Money taken
Adults	7,585	227.55
Children	975	19.50
Total	8,560	R 247.05

INSPECTION OF MEAT AND OTHER FOODSTUFFS

The inspection of meat from animals killed at the municipal abattoir is under the control of the Director and Veterinary Surgeon. No animals may be slaughtered elsewhere in the Municipality, and all meat from animals slaughtered outside the City and brought in for consumption must be deposited at one of the depots appointed by the Council, where it is inspected and stamped.

Butchers' Meat

The following is a return of meats condemned at the abattoir with diseases discovered :—

	Beef	Mutton	Veal	Pork	Portions (Weight)
Abscess	3,906		6	15	65
Actinomycosis	575				
Adenitis	3				
Anaemia	1	4			
Anaplasmosis	2				
Angiomatosis	91				
Bladderworm... ..	1,673		1	495	
Bruising	521	89	21	26	56,513
Caseous lymphadenitis ...		75,071			6,286
Cirrhosis	6	594	6	481	
Cysts	128	1,272	1	1,380	
Emaciation		231	10	2	
Fevered	71	69	75	7	
Flukes	860	187	1	8	
Gangrene	46	8	1	3	187
Immaturity	2		18		
Inflammation	109		4	32	
Jaundice	17	94	72	3	
Lumpy skin	1				
Mastitis	3				
Melanosis	1				
Metritis	8	9	2	1	
Moribund	2	86		2	
Necrosis				3,510	
Nephritis		9			
Oedema	10	24			
Pericarditis	116		1	2	
Peritonitis	26	19	5	13	
Pleurisy	7	234	3	55	4,709
Pneumonia	30	124	53	973	
Pyaemia	8	200	28	10	
Redwater	27		3		
Sarcosporidiosis	28			23	
Septicaemia	14	29		4	
Septic arthritis		4			
Stilesia		132,009			
Strongyles		60			
Tuberculosis	53		3	394	
Tumours	3	2		2	
Uraemia		2			

STABLE PREMISES

The municipal regulations empower the Council to prohibit the use for the keeping of animals, any stable, cowshed, pigstye, kraal, etc., which in its opinion is 'unfit, undesirable or objectionable by reason of its locality, construction or manner of use'. The City Council may also restrict the number or kind of animals to be kept at any such premises.

The stable closing orders served in 1962 on premises in the Maitland/Brooklyn area and expiring in January, 1964, were again extended to 31st March, 1965, primarily to accommodate the City Engineer in making provision for alternative stabling for his Cleansing Branch's animals stabled in municipal stables in the area. Notwithstanding the extension to all stable owners, eight stables did in fact close before the extended closing date, leaving nine stables still to be closed in 1965.

BUTCHERS' DELIVERY VEHICLES

In 1960 the Council accepted regulations drawn up by the department which required properly constructed and maintained meat delivery vehicles and the elimination of the "prairie wagon" type with its flap-ping canvas covers on the two open sides which have been an institution in this city for far too many years.

This Regulation, No. 1970, was promulgated on 4th November, 1960, but users were given a period of grace of four years from that date in which to convert their fleets of vehicles.

The period of grace expired on 4th November, 1964, and I am happy to report that with very few exceptions the delivery vehicles in Cape Town now comply with the standard set in the new regulation.

Other local authorities in the Republic have shown great interest in Regulation 1970 and have adopted, or are in process of adopting, similar regulations for meat delivery vehicles.

MILK AND ICE CREAM

The Regulations governing the compulsory pasteurisation of all milk offered for sale in Cape Town (except milk from accredited disease-free herds, of which none is licensed at present) have been in force since 8th May, 1953.

Following initial difficulties a steady and progressive improvement in the bacterial quality of the milk as supplied to the public has resulted.

Staff.

One veterinary officer confines himself to the veterinary inspection of dairy cattle, the supervision of cowsheds of all producers who supply milk for consumption in the city, the supervision of all pasteurising plants, as well as ice cream factories. He is assisted by two full-time dairy inspectors in the inspection of producers' premises and one full-time dairy inspector who assists in the supervision of pasteurising plants and ice cream factories, in taking samples and in laboratory work. A laboratory technical assistant confines himself to the laboratory where tests are performed and recorded. At all times a very close linkage exists between the laboratory and the field workers of this Branch.

During the year under review the work listed below was carried out:—

Dairy farms licensed to sell milk in Cape Town	235
Average number of gallons of milk produced daily	58,721
Average number of gallons of milk consumed daily	46,412
Average number of gallons of milk surplus daily	12,309
Total number of inspections on farms	2,663
Herds inspected	69
Investigations on farms regarding high bacterial counts	234
Recording of temperatures of mechanically cooled milk	246

Breed smears of 4,229 samples of milk were examined, of which 407 (9.6 per cent) were found to be unsatisfactory.

Mastitis was diagnosed in 112 (2.6 per cent) of these samples. Numerous pus cells were seen in 247 (5.8 per cent) of the samples.

It was again decided to pay special attention to pus cells, and any count of 900,000 or more per ml. was noted and regarded as probably due to mastitis.

During the year gravitation cream smears were made from 235 composite bulk milk samples from producers. Mastitis was diagnosed in 46 (19.6 per cent) of these samples.

Whenever mastitis was diagnosed or numerous pus cells seen on milk smears in the laboratory, the producers were notified by letter and the herd examined. In this connection 241 letters were sent to producers. Prevention, diagnosis and treatment were then discussed with the farmers concerned.

A circular letter was posted to each licensed milk producer advising him of the advantages of annual inoculation against anthrax.

One hundred and nineteen improvements to the structure of farm dairies were made, due to the advice, or on the instructions of, the milk control branch.

On a number of occasions farmers appealed to this Branch for assistance and advice regarding unsatisfactory butterfat percentages of their milk. All such requests were investigated and the necessary advice furnished. It would appear that a copper deficiency in the diet of milking cows may have been responsible for a low butterfat percentage in some dairy herds.

During the year 12 producers installed milking parlours on their farms, bringing the total to 16 milking parlours in operation by the end of 1964.

Control of pasteurised milk.

Pasteurising plants licensed and certified for 1964	9
Total number of visits to pasteurising plants	2,181

During the year two pasteurising plants closed down, leaving seven plants in full operation.

Phosphatase tests.

For the period under review, 1,632 phosphatase tests on pasteurised milk samples were carried out, of which 25 (1.5 per cent) proved to be under-pasteurised. Of these, five were grossly under-pasteurised, two were under-pasteurised, and 18 were very slightly underpasteurised.

Two hundred and four phosphatase tests were performed on samples of cream. Of these, 8 were very slightly underpasteurised.

Bacterial counts.

Breed smears of 1,950 samples were examined, of which 27 (1.4 per cent) were unsatisfactory.

B.coli tests.

604 tests were carried out, of which 203 (33.6 per cent) were unsatisfactory.

Control of ice cream.

The five licensed ice cream factories were visited on 251 occasions. Of the 225 samples of ice cream submitted to the phosphatase test, none proved to be underpasteurised. Three hundred and fifty samples of ice cream were examined by the Breed smear method, twenty-one of which proved unsatisfactory. Three hundred and seventeen B.coli tests were performed on samples of ice cream, of which 26 were unsatisfactory.

Vi-tests.

Vi-tests on 464 persons were carried out during the year.

Veterinary and laboratory work.

The following additional veterinary and laboratory work was carried out during the year under review.

1. Numerous tests on the caustic concentration of the sumps of bottle washing machines, and "lipstick" and bacteriological tests on milk bottles were again performed as part of the educational and instructional campaign for the benefit of the milk pasteurisers. These tests have assisted the Department in rectifying faults in the bottle cleansing and sterilising system.
2. "Bacto-strip" testing for B.coli. During the year numerous Bacto-strip tests were carried out and were again found to be most useful in illustrating the degree of B-colli contamination. This was of great propaganda value, especially to plant operators.
3. *Brucellosis*. A total of 235 contagious abortion ring tests were performed on composite bulk Milk samples from farms. Ninety-four (40.0 per cent) tests indicated the presence of C.A. anti bodies. Each positive test was followed up with an explanatory letter and a visit to the farm.
4. Antibiotics in milk. Two hundred and thirty-five tests were done to check on the presence of antibiotics in samples of raw milk. Four tests (1.7 per cent) indicated the presence of penicillin. Subsequent investigations on the farms confirmed the laboratory results.
5. Abattoirs. The Veterinary Officer deputised for the Director of Abattoirs during that official's absence on leave or other duties.

HOUSING

The greater part of the Cape Town Municipality consists of houses built of masonry according to the standards of the time of their erection, served by the municipal water supply and water-carriage sewerage, and with well-constructed streets. Most of the dwellings are separate houses built for one family each, detached, semi-detached or in terraces. Private enterprise is today making little or no provision for the housing of the lower income groups owing to the high building costs of erecting such dwellings and have concentrated on the erection of large blocks of flats. Such flat development is taking place all over the municipality, but far and away the most popular suburb for such development is the Sea Point, Three Anchor Bay, Green Point and the Kenilworth areas. There is a decided danger in the overcrowding of any one area with large flat blocks owing to the danger of ultimate deterioration of both building and inmates and the possibility of slum conditions eventually developing.

If the houses were occupied in the manner originally intended, housing conditions would be mainly satisfactory. The chief factor responsible for slum conditions is the overcrowding caused by the fact that there are not enough houses for the population, itself the result of economic conditions. Houses suitable for one family, and in many cases small even for one large family, are occupied by several families, sometimes to the extent of one family per room. The over-crowded families are naturally mostly from the poorest strata of society, usually (though not invariably) non-White, and often of low social standard. The resulting squalor is increased by decay of the fabric of the houses which such occupation induces.

The same shortage of houses and economic stringency is largely responsible for the other phase of the local housing problem, viz. the occupation of unauthorised and insanitary structures on the Cape Flats fringing Cape Town, often without made roads, water supply or sanitary services and sometimes subject to winter flooding. The Council has ample powers to prohibit such building and occupation, but has not found itself prepared to eject the occupants from the only shelter available to them.

Cape Town's topography has been the reason for siting the major Municipal housing schemes at Athlone, about eight miles from the city centre. Another housing scheme of 2,800 houses has been completed at Steenberg, fourteen miles from the city. At Factreton the work of eliminating the notorious slum area of Windermere is still proceeding and nearly completed. Local conditions also necessitate a better standard of construction than in other parts of the country, not the least being the provision of floors and ceilings owing to the high water table and humidity factor.

There remains also the lowest sub-sub-economic group of the population who are a social welfare problem and cannot be provided for through municipal housing.

These housing conditions are of old standing, and have been the subject of repeated consideration by the Council and its committees and officers. Since 1920 up to 1964 the City Council, Citizens' Housing League Utility Company, Cafda, the Servitas Organisation and Garden Cities have completed the erection of over 20,000 dwellings within the municipality (see below).

At Bonteheuwel, beyond Vanguard Drive in the general area of Athlone, the City Council has embarked on the biggest single Coloured housing scheme yet undertaken. The scheme is designed for an ultimate total of 5,500 houses of various sizes and types, and when completed early in 1965, will form part of one of the largest areas housing the Coloured community.

In view of the increased tempo of building at Bonteheuwel and Guguletu, the Council is erecting houses departmentally as well as by contract. The building units function with artisans recruited from the building industry and working under conditions of service applicable to that industry. Coloured housing is based on standard plans evolved by the National Housing Commission.

With the enforcement of the Group Areas Act and the displacement of racial groups from one area to another it is very necessary that additional housing for the non-White section be constructed each year. It is difficult to formulate any figure but it is estimated that at least 2,000 units alone must be erected so as to even make any impression on the present overcrowding that exists.

With the virtual completion of the Bonteheuwel Housing Estate the next estate of Heideveld lying over the Settlers Way to the south of Bonteheuwel has been planned and has been approved by the State Department of Housing. Stormwater drainage and roads have been started and the construction of the first dwelling units in this scheme which will comprise 3,200 units was commenced at the end of 1964.

The dwellings completed by the City Council in the year under review were as follows:—

				No. of houses	
				Economic	Sub-economic
Factreton	...	...	...	70	86
Kalksteefontein	...	...	...	708	122
Bonteheuwel...	...	...	...	628	58
Kensington (home ownership)				110	

The dwellings completed bring the figures from 1920 to 1964 for public housing operations in Cape Town and suburbs (exclusive of Bantu Townships) to the following:—

	White	Non-White	Total
Within Cape Town municipal area:			
City Council	1,131	17,750	18,881
Citizens' Housing League Utility Co.	1,063	28	1,091
Cafda		336	336
Servitas Organisation	84		84
Garden Cities		170	170
Total	2,278	18,284	20,562

The number of new dwelling houses built during the year in the Municipality as compared with the growth of population is shown in the following table:—

Year	Estimated increase in population	Buildings for human habitation completed (dwellings)
1915	3,980	123
1925	5,380	335
1935	6,430	1,937
1945	10,400	870
1955	7,030	2,155
1960	7,940	1,817
1962	8,350	2,609
1963	14,560	2,550
1964	8,990	3,101

During the year a joint report (dated 17th April, 1964) was prepared by the City Engineer and the Medical Officer of Health dealing with the elimination of slum areas within the city and submitting for acceptance certain principles of policy for the replanning and rehabilitation of such areas.

The report contained proposals that a Master Plan be prepared, that the Council acquire all the properties in such declared slum areas, and that collaboration be established with all the authorities at the outset.

As a result of World War II, and the virtual cessation of civil building during the years 1939/46, a severe housing shortage developed. To have commenced active slum clearance while such a shortage of houses existed would have been completely illogical. Consequently, apart from clearance of peripheral slum areas at Windermere and Retreat, there has been little slum elimination in the urban and suburban areas of the city for virtually the last twenty-five years.

Sufficient low cost houses are now becoming available however, and it is considered that the time is opportune for the formulation of a clear cut slum clearance policy for the expeditious elimination of slums, the rehabilitation of slum areas and the rehousing of present slum dwellers.

Isolated defective buildings do not constitute a serious problem for clearance, but there are areas where the buildings are so congested and subdivision so random and haphazard, that total elimination and re-planning is necessary.

To this end it has been recommended that schedules of all such properties be prepared, acquired, demolished, and a new town layout prepared.

SQUATTERS

Following complaints regarding insanitary conditions at an established squatters camp at Crawford, the whole subject of unauthorised pondoks or shacks was raised with the appropriate Committees of the Council, and at the end of the year under review the Building Regulations were amended to enable the City Engineer to summarily demolish unoccupied and unauthorised pondoks.

The new Regulations will enable specific cases of pondoks detrimental to surrounding properties to be dealt with, but it is not proposed to embark on a campaign for the wholesale demolition of the thousands of pondoks existing in rural parts of the municipality.

BANTU HOUSING

Building operations in the Bantu Townships were practically at a standstill during 1964. Langa Township is now surrounded by built up White and Coloured areas and has been developed to a stage where no further extension is contemplated in the foreseeable future.

At Guguletu, Stages 1 and 2 were completed at the beginning of 1964, and negotiations for financial approval of further extension were carried on during the remainder of the year. As a result only 30 dwellings were erected, but the full force of building activity will be swung into action on the next stage of planned development early in 1965.

TIMBER HOUSING

It might be propitious that reference be made to a new R30m. township of 4,000 houses in a neighbouring municipality on which work has already commenced. This is the first township in the country which is limited to wooden houses or houses constructed mainly of wood.

As they stand the Cape Town City Council's present building regulations do not provide for timber buildings. The City Engineer is not in favour of these units and the subject has aroused keen controversy in the City Council. It remains to be seen what effect the Government's decision in favour of the wider use of timber in the construction of houses, as exemplified in the amendments of the Housing Act, will have on these various viewpoints.

HOUSING BRANCH

The City Housing Manager who falls in part within the administration of the Health Department has compiled the following outline of the work of that Branch.

Staff Establishment

	<i>Establishment</i>	<i>Actual</i>
City Housing Manager	1	1
Assistant City Housing Manager	1	1
District housing managers	4	4
Housing managers	13	8
Housing assistants	43	43
Clerks	20	20
Shorthand typist	1	1
Female clerical assistants	14	14
Supervisor of community centres	1	1
Club organiser	1	1
Club leaders	13	10
Superintendents	3	3
Caretakers	23	21
Handymen	33	29
Labourers	55	50
	<hr/>	<hr/>
	226	207
	<hr/>	<hr/>

Activities.

(1) Allocations.

Home visiting and general investigation of applications received from ordinary applicants as well as families having to move because of Group Areas declarations, clearance of Windermere, Eastern Boulevard, etc. Office interviews.

(2) Tenants.

Collection of rental (door-to-door and office, investigation of arrears, general family welfare work and referring as necessary to specialised welfare agencies.

Although the majority of tenants are normal law abiding citizens not requiring any special supervision, a number of families do present problems, viz., illicit selling of liquor, juvenile delinquency including vandalism and terrorisation of tenants (this occurs mainly in the four-storied blocks of flats at Kew Town), desertion by tenant, neighbour troubles, irregular earnings due to drink or illness, unauthorised sub-tenants resulting in over-crowding in Council properties. This is a growing problem because of the general housing shortage in the Peninsula.

(3) Inspection of property for maintenance and cleanliness.

(4) General administration of Housing Estates in co-operation with other branches and departments.

(5) Hire Purchase.

This side of the work has grown considerably during the past year. The houses built by the Council for sale are in great demand, which is illustrated by the fact that for the final 82 houses at Belthorn, over 1,000 enquiries were received, and for the first 75 at Vanguard where construction started at the beginning of 1965, over 200 enquiries have already been received.

The bulk of housing provided by the Council is for Coloured families, there only being 185 lettings and 85 hire purchase houses for Whites. The social problems that occur in this group are exactly the same as in the Estates for Coloured families.

Waiting List.

There is a considerable variation in the waiting time for houses of different types. The average waiting time for a house on a new Estate is one year but the actual waiting time depends on the availability of houses of different types (economic and sub-economic houses of different sizes).

Applicants who elect to wait for a vacancy on any of the older Estates may wait anything up to ten years.

Community Centres.

Apart from dealing with the allocation of houses and management of Estates, the Housing Manager is also responsible for the Community Centres. Three new Centres were constructed during 1964, making a total of nine. With the exception of Silvertown, all the larger Estates are provided with at least one Community Centre. Sporting and cultural clubs for all age groups are conducted at these Centres. The aim is to make the local population responsible for running the clubs and instill into them reliance on their own endeavours and thereby improving the cultural and educational standards of the community in which they reside.

SECTION X. – OTHER SERVICES

DOMICILIARY MEDICAL SERVICE

The City Council provides medical attention in their homes for indigent sick persons needing such service. During 1964 the work has been carried out by general medical practitioners. It is done in co-operation with the District Nursing Organization of the Cape Provincial Administration. Arrangements for the supply of medicines, etc., are made with local chemists.

The visits made in the year under report were –

New cases	...	...	...	214
Total visits	...	...	...	2,049

One half of the cost of medical attention and the full cost of surgical appliances are refunded to the City Council by the State.

HYDROGEN CYANIDE FUMIGATION

Under the Hydrogen Cyanide Fumigation Regulations (Government Notice Nos. 804 of 30th April, 1943, and 605 of 13th April, 1945), no person may undertake the fumigation of any 'building or premises' with hydrogen cyanide unless he has obtained a certificate of competence from the State Health Service or a 'First Schedule' local authority. Certificates granted by local authorities are subject to confirmation and counter-signature by the Secretary for Health. A certificate may not be issued unless the candidate worked for 12 months as a fumigator prior to 30th April, 1943, or has worked for six months under a certificated fumigator.

In August, 1943, the Medical Officer of Health, Cape Town, was requested and authorised by the Secretary for Health to undertake the examination and certification (subject to the prescribed confirmation), of candidates from areas outside Cape Town not under 'First Schedule' authorities.

No certificates were issued by the Medical Officer of Health during 1964.

Following a conviction of culpable homicide in the Regional Court, Cape Town, of a fumigator employed in the city on the grounds of negligence in the carrying out of his duties which resulted in the death of a Coloured domestic servant, the certificate of competency held by this individual was withdrawn and cancelled by the department with the approval of the Minister of Health. This is the first occasion that anything of this nature has occurred to a licensed fumigator.

FREE BURIALS

The Public Health Act places upon the City Council the responsibility for the removal and burial of the body of any destitute person, or any dead body which is unclaimed or of which no responsible person undertakes the burial. The cost falls upon the City Council, although it may be legally recovered. Each year a contract is given out to an undertaker to carry out this work for the Council. In the year the number of such burials was 300.

BOARD OF AID

Poor relief in the City of Cape Town is administered by the Cape Town General Board of Aid instituted under the Poor Relief and Charitable Institutions Ordinances of 1919 and 1924. The Board consists of nine members, including the Mayor of Cape Town and three members of the City Council.

Its funds are provided by the Department of Social Welfare, supplemented to some extent by voluntary donations. Under section 16 of the Finance Act, No. 27 of 1940, the responsibility of the Provincial Administration in this matter was transferred to the Department of Social Welfare as from 1st April, 1940.

The Secretary of the Board of Aid has kindly supplied the following statistics for the year:—

Income from voluntary sources ...	R 1,750
Subsidy from Department of Social Welfare	88,861
Expenditure on outdoor poor relief, excluding administration costs...	34,834
Number of applications received ...	2,016

The Board maintains a hostel in Canterbury Street for Coloured old-age pensioners of both sexes.

Accommodation is provided for 105 pensioners. Aged Coloureds are accommodated in the Hostel at R7.00 per month inclusive. Recreational facilities and other amenities are provided to make old age as comfortable as possible.

Two-Day nurseries are maintained by the Board. The Tafelberg Day Nursery in Canterbury Street accommodates 106 Non-White children aged three months to six years. The White nursery in Harrington Street has accommodation for 50 children.

DRAINAGE, SEWERAGE AND SCAVENGING

STORMWATER DRAINAGE

A great part of the Municipality, being built on the slopes at the foot of the mountain, is well sited for drainage, but on parts of the Flats natural drainage scarcely exists and in the wet season the ground water level over a considerable area rises to or very near the surface.

The city is sewered on the 'separate system, the stormwater being conducted by separate channels to the nearest outfall namely the sea, or into the Liesbeek and Black Rivers, which drain the 'southern suburbs' North of Kenilworth and flow into Table Bay as the Salt River. South of Kenilworth the streams run South and discharge into a series of vleis or lakes and thence to the sea at False Bay.

The Keyser River at Lakeside has been widened and deepened from Zand Vlei to the Main Road. The canalisation of the Diep River and the Sand River from the Main Road, Plumstead, to Zand Vlei, by means of concrete lining, has also been completed as well as a concrete canal providing an outlet from Langa Vlei to the Sand River. Further work on the canalisation of the Black River is in progress at present, and as a result of these works flooding during the periods of heavy rain will be obviated. Canalisation of the Liesbeek River in areas subject to flooding is now virtually complete.

The Vygekraal River upstream of Vanguard Drive is being widened and deepened. This work should be completed by 1966. At the same time a secondary culvert is being constructed from this river, running southwards through the areas being developed by the Department of Community Development. This culvert, as it progresses, will improve the unpleasant conditions prevailing in this area during the winter months.

SEWERAGE

With the exception of a few outlying areas, such as portions of Windermere, Athlone, Crawford, Claremont, Heathfield, Retreat, etc., practically the entire built-up part of the municipality is provided with waterborne sewerage facilities.

Both the Windermere and Retreat Main Sewerage Schemes are well advanced.

The Council in terms of an agreement with the Cape Divisional Council, accepts and treats sewage from Goodwood, Parow and the Divisional Council local areas of Thornton, Epping Garden Village, similarly the Council accepts and treats all sewage from Pinelands and the Divisional Council local areas of Bergvliet, Meadowridge and Bishopscourt and portion of Ferness Township, Ottery.

Waterborne sewerage has been provided for the Bonteheuvel Housing Scheme and will soon be available for the Guguletu Housing Scheme. The provision of waterborne sewerage in the Blomvlei River Catchment comprising the area east of Belgravia Road and south of Klipfontein Road is now being undertaken. The work has been held up due to staff difficulties and is now expected to finish in 1966, and not in 1965, as was originally scheduled.

Similarly the sewerage scheme for sections of Diep River, Heathfield and Retreat which has been authorised by Council has also been delayed and is still three to four years from completion.

PAIL CLOSETS

Regular removals of night soil were effected from all premises requiring such service in unsewered areas in Camps Bay, Rugby, Windermere, and added areas of Mowbray, Rondebosch, Claremont and in Wynberg, Diep River, Heathfield, Retreat and Lakeside. Pail contents were disposed of by discharging into the sewerage system through intakes at Brooklyn, Kensington, Athlone, Kenilworth and Muizenberg. Approximately 370,000 pail clearances were effected. Similarly, 44,880 removals were made from O'Brein dry earth closets in the Municipal and certain abutting areas.

HOUSE REFUSE REMOVALS

The removal of house refuse is carried out by the Cleansing Branch of the City Engineer's Department as follows —

In Cape Town proper, every weekday, and on Sunday in certain congested sections. Sunday services are also carried out at other premises on special payment.

In Green Point and Sea Point four times a week. Hotels and boarding houses, however, have a service every weekday and on Sundays, if required, subject to the payment of a special charge.

In Woodstock and Salt River (from Cape Town to Station Road, Observatory) four times a week, but every weekday at certain specific business premises.

In the southern suburbs from Mowbray to Heathfield and in the Maitland ward, three times a week, but with a daily service to certain business premises.

In Windermere two removals weekly.

In Muizenberg-Kalk Bay, four times a week in respect of general properties, but every weekday for hotels, boarding houses and certain business premises.

Clifton, Camps Bay and Lakeside, three times a week.

Certain added areas on the Cape Flats, twice a week.

During the year the quantity of refuse removed was 541,002 cubic yards.

In all areas house refuse is disposed of by controlled tipping.

SECTION XI – STAFF OF CITY HEALTH DEPARTMENT

The authorised establishment of the City Health Department as at 31st December, 1964, was as follows –

ADMINISTRATIVE BRANCH

Medical Officer of Health
Senior Assistant Medical
Officer of Health
Assistant Medical Officer
of Health
Medical Officer
Administrative Officer
Administrative Assistant
Chief Clerk
Senior Clerks, 2
Clerks, 19
Senior Secretarial Assistant
Shorthand Typiste, Gr. II
Female Clerical Assistants, 2
Office Attendants, 2
Caretaker/Cleaner
Labourer

HEALTH INSPECTION BRANCH

Principal Health Inspector
Senior Assistant Principal
Health Inspector
Assistant Principal Health
Inspector
Divisional Health Inspectors, 5
Health Inspectors, 34
Learner Health Inspectors, 7
Pest Control Officers, 3
Clerks, 2
Female Clerical Assistant
Washhouse Caretaker/Fitter
Washhouse Caretakers, 3
Assistant Washhouse Caretakers, 4
Motor Driver
Stores Yardsman
Checker
Fireman/Stoker
Pest Control Operatives, 24
Labourers, 5
Attendants at public sanitary
conveniences, 152

MILK CONTROL

Veterinary Officer
Dairy Inspectors, 3
Laboratory Technician

MATERNAL & CHILD WELFARE BRANCH

Maternal and Child Welfare Officer
Deputy Maternal and Child Welfare
Officer
Clinical Medical Officers, 2
Principal Health Visitor
Clinic Sister/Health Visitors, 50
Clinic Nurses, 10
Nursery School Supervisor
Nursery School Teacher
Junior Nursery School Teachers, 9
Senior Social Welfare Visitor
Female Clerical Assistants, 4
Clerk
Junior Creche Superintendents, 2
Clinic Assistants, 11
Nursery Assistants, 3
Caretakers, 2
Laundresses, 4
Domestics 22
Children's Helps, 5
Cooking Hands, 20
Drivers, 4
Storehand
Labourers, 3
Nightwatchmen, 4

TUBERCULOSIS BRANCH

Tuberculosis Officer
Deputy Tuberculosis Officer
Clinic Medical Officers, 2
Radiographer
Clinic Sister/Health Visitors, 10
Clinic Nurses, 5
Clerk/Typistes, 2
Senior Clerk
Clerks, 8
Clinic Assistants, 4
Domestics, 2
Caretaker/Cleaner
Labourers, 4

VENEREAL DISEASE BRANCH

Venereal Disease Officer
Clinic Sisters, 2
Domestic
Labourers, 2
Male Nurses, 2

DENTAL BRANCH

Principal Dental Officer
Deputy Dental Officer
Assistant Dental Surgeon
Senior Dental Mechanic
Dental Mechanics, 4
Senior Clinic Nurse
Dental Nurses, 6
Clerks, 4
Female Clerical Assistant
Social Welfare Visitor
Clinic Assistants, 6
Laundresses, 3
Domestic
Caretaker/Cleaner
Labourer

CITY HOSPITAL FOR
INFECTIOUS DISEASES

Medical Superintendent of
Hospitals
Deputy Medical Superintendent
of Hospitals
Resident Medical Officers, 6
Matron
Assistant Matron
Sisters, 19
Sister Tutor
Staff Nurses, 42
Nursing Assistants, 38
Nurse Aides, 41
Radiographer
Occupational Therapist
Principal Pharmacist
Senior Pharmacist
Pharmacists, 3
Lady Wardens, 2
Disinfection Officer
Ambulance Officer
Clerks, 3
Female Clerical Assistants, 2
Clinic Assistant
Senior Works Foreman
Handyman/Electrician
Handyman/Carpenter
Brush Hand
Works Storeman
Painter
Boiler Attendants, 2
Laundry Supervisor
Laundresses, 4
Housekeeper
Housemaids, 36
Kitchen Supervisors, 3
Seamstress, 4
Hospital Cooks, 7
Senior Telephone Operator
Telephone Operators, 2
Senior Hospital Porter
Hospital Porters, 5
Bantu Male Orderlies, 67
Labourers, 12
Ambulance and Motor Drivers, 4

BROOKLYN HOSPITAL

Deputy Medical Superintendent
Resident Medical Officers, 5
Matron
Assistant Matron
Sisters, 14
Staff Nurses, 29
Probationer Nurses, 2
Non-White Nurse Aides, 65
Non-White Male Nursing
Assistant
Radiographer
Clinic Assistants, 2
Occupational Therapist
Lady Warden
Clerks, 2
Female Clerical Assistant
Senior Works Foreman
Laundry Manager
Laundress, 31

Fitter
Unindentured Mason
Craft Worker
Brush Hand
Boiler Attendants, 2
Storekeeper
Housekeeper
Seamstress, 2
Kitchen Supervisors, 2

Hospital Cooks, 4
Senior Telephone Operator
Telephone Operators, 2
Hospital Porters, 5
Male Orderlies, 71
Labourers, 20
Patrolmen, 3
Motor Drivers, 2

CHANGES IN PERSONNEL

Appointments.

Dr. J.C. Wyatt appointed Assistant Medical Officer of Health, 10th February, 1964.

Dr. I.L. Carstens appointed Deputy Dental Officer, 3rd February, 1964. Left service 31st July, 1964.

Dr. V.R. Taylor appointed Deputy Dental Officer, 1st September, 1964.

Retirements.

Dr. W.L. Hoole, Tuberculosis Officer, retired on superannuation, 30th November, 1964.

TABLE A. CAUSES OF DEATH REGISTERED IN 1964.

Corrected

E - W.- White

O.- OTHER or NON-WHITE

CAUSE OF DEATH			AGE GROUPS																								Bantu Township		Deaths in Cape Town of non-Residents (excluded from foregoing columns)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
			0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		11 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75						75 to 85		85 and upwards		Age unknown		TOTALS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
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TABLE B. Deaths Classified for Causes and Race, 1964.
(Corrected)

International Code No.	CAUSE OF DEATH					White	Coloured	Bantu	Asiatic	Non- White	All Races
001-008	Tuberculosis, respiratory system...	...	...	...	...	11	110	52		162	173
010-019	Tuberculosis, other forms	...	...	...	...	2	16	7		23	25
020-029	Syphilis ...	...	...	...	...		16	2		18	18
040	Typhoid fever ...	...	...	...	...		2	1		3	3
045-048	Dysentery ...	...	...	...	...	1	2	5		7	8
055	Diphtheria ...	...	...	...	...			1		1	1
056	Whooping cough ...	...	...	...	...		4	2		6	6
057	Meningococcal infections ...	...	...	...	...		1			1	1
080	Acute poliomyelitis ...	...	...	...	...		
085-086	Measles ...	...	...	...	...	1	23	11		34	35
	Other diseases classified as infective and parasitic	...	...	...	...	9	12	4		16	25
140-205	Malignant neoplasms...	...	...	...	...	352	264	55	6	325	677
210-239	Benign neoplasms ...	...	...	...	...	5	8	2		10	15
260	Diabetes mellitus ...	...	...	...	...	19	36	3		39	58
290-293	Anaemias ...	...	...	...	...	4	6			6	10
330-334	Vascular lesions affecting central nervous system	...	...	...	...	263	329	25	4	358	621
340	Non-meningococcal infections ...	...	...	...	...	2	33	9	1	43	45
400-402	Rheumatic fever ...	...	...	...	...	1	4			4	5
410-416	Chronic rheumatic heart disease ...	...	...	...	...	15	35	9		44	59
420-422	Arteriosclerotic and degenerative heart disease	...	...	...	...	535	272	14	11	297	832
430-434	Other diseases of heart ...	...	...	...	...	61	96	15	2	113	174
440-443	Hypertension with heart disease ...	...	...	...	...	48	137	2	4	143	191
444-447	Hypertension without mention of heart	...	...	...	...	7	21	2	1	24	31
450-456	Diseases of the arteries ...	...	...	...	...	49	46	1		47	96
480-483	Influenza ...	...	...	...	...	1	2			2	3
490-3,763	Pneumonia ...	...	...	...	...	51	211	63	2	276	327
500-502	Bronchitis ...	...	...	...	...	23	34	5		39	62
540-541	Ulcer of stomach and duodenum ...	...	...	...	...	5	10	1		11	16
550-553	Appendicitis ...	...	...	...	...	1	2			2	3
560, 561, 570	Intestinal obstruction and hernia ...	...	...	...	...	7	13	3		16	23
571, 764	Gastro enteritis ...	...	...	...	...	4	260	126		386	390
581	Cirrhosis of liver ...	...	...	...	...	23	15	3		18	41
590-594	Nephritis and nephrosis ...	...	...	...	...	26	43	10	1	54	80
610	Hyperplasia of prostate ...	...	...	...	...	3	2			2	5
640-652	Complications of pregnancy and childbirth	...	...	...	...		
670-689	Congenital malformations ...	...	...	...	...	2	10	3		13	15
750-759	Birth injuries and post-natal asphyxia ...	...	...	...	...	25	47	9	2	58	83
760-762	Other infant diseases and immaturity	...	...	...	...	19	74	23	1	98	117
765-776	Senility and ill defined	...	...	...	...	16	230	62	3	295	311
780-795	Motor vehicle accidents	...	...	...	...	319	288	83	4	375	694
810-835		...	...	...	...	48	115	33	1	149	197
800-802		...	...	...	...		
840-965	All other accidents ...	...	...	...	...	60	83	37		120	180
970-979	Suicide ...	...	...	...	...	33	14			14	47
980-999	Homicide ...	...	...	...	...	2	58	45		103	105
	Other causes ...	...	...	...	...	85	186	65	3	254	339
Total						2,138	3,170	793	46	4,009	6,147

TABLE C. Deaths by Cause and Month of Registration, 1964

(Corrected for Outward Transfers.)

International Code No.	Disease	Race	January	February	March	April	May	June	July	August	September	October	November	December	Year
001-008	Tuberculosis of respiratory system	White	2	3			1	1	1	1	1			1	11
		Non-W.	17	8	9	11	8	9	13	13	13	10	9	17	137
010-019	Tuberculosis, other forms	White				1		1							2
		Non-W.	1	2	2	1	1		4	3	1	4	1	1	21
020-029	Syphilis and its sequelae	White.													
		Non-W.	1	2		1	4	1	3	1	1		1	1	16
040-041	Typhoid fever	White													
		Non-W.		2				1							3
055	Diphtheria	White													
		Non-W.								1					1
056	Whooping cough	White													
		Non-W.	2									1	1		4
057	Meningococcal infections	White													
		Non-W.									1				1
080	Acute poliomyelitis	White													
		Non-W.													
085-086	Measles and rubella	White	1												1
		Non-W.	3		2	1	1		2	1	6	6	6	5	33
140-205	Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues	White	31	30	15	29	34	29	29	27	23	29	24	30	330
		Non-W.	24	14	20	26	34	30	23	31	14	25	23	33	297
260	Diabetes	White	2	3	1	1	1	3	1	1	2	1	3		19
		Non-W.	4		2	7	2	1	4	6	1	4	3	4	38
330-334	Vascular lesions affecting central nervous system	White	22	24	18	19	15	25	23	29	21	14	16	22	248
		Non-W.	34	31	18	27	23	29	32	40	36	24	26	17	337
400-402	Rheumatic fever	White								1				1	1
		Non-W.			1					2					4
410-416	Cardiovascular diseases	White	59	53	20	40	47	55	72	57	62	40	52	40	597
		Non-W.	46	26	27	40	57	30	42	34	49	27	34	26	438
420-422															
430-434															
440-447	Hypertensive diseases	White	6		2	3	4	11	9	3	4	5	3	4	54
		Non-W.	8	10	11	11	12	16	18	24	18	11	13	12	164
450-456	Diseases of the arteries	White		4	3	1	4	3	5	4	5	1	6	9	45
		Non-W.	2	3	6	7	2		3	4	4	4	4	6	45
480-483	Influenza	White										1			1
		Non-W.						1					1		2
490-493	Pneumonia (including pneumonia of the new born)	White	2	6	3	4	2	5	8	4	3	6	2	4	49
763		Non-W.	21	21	23	32	19	19	33	19	19	18	13	25	262
500-502	Bronchitis	White	1			2	2	4	1	6	3	1	1	1	22
		Non-W.		1	2	3	2	4	3	4	5	4	6	5	39
571,764	Gastro-enteritis and colitis (including diarrhoea of the new born)	White	2	1					1						4
		Non-W.	51	62	39	48	39	21	16	11	8	8	20	38	361
590-594	Nephritis	White	6	1	1	1		3		2	3	1	3	4	25
		Non-W.	4	4	1	5	4	3	6	5	4	4	7	3	50
640-652	Complications of pregnancy, childbirth and the puerperium	White	1		1										2
		Non-W.	1	1	1	1	2	1	2		1	1	1		12
670-689															
750-759	Congenital malformations	White	2	3	1	1	2	2	2		5	2	2	3	25
		Non-W.	8	2	5	5	4	8	6	7	3	4	4	2	58
760-762	Birth injuries, post-natal asphyxia and atelectasis	White	2			1	3	1	4	3	2	1	1	1	19
		Non-W.	5	6	8	8	15	9	11	5	13	3	8	7	98
765-776	Other diseases peculiar to early infancy and immaturity unqualified	White	4	1	3	1	1	1			1		4		16
		Non-W.	32	21	30	23	22	18	23	26	31	14	26	25	291
780-795	Senility and ill-defined diseases	White	36	19	11	23	19	34	42	27	27	28	20	21	307
		Non-W.	39	26	16	19	32	45	50	25	32	35	24	21	364
E810-E835	Motor vehicle accidents	White	6	1	3	11	3		5	5	4	3	1	5	47
		Non-W.	11	6	7	11	17	10	7	14	15	14	10	17	139
E800-802	All other accidents	White	2	3	3	4	3	5	8	5	7	6	4	5	55
E840-E965		Non-W.	2	8	6	14	10	8	10	10	21	9	4	9	111
E970-E979	Suicide	White	2	4		3	2		4	5	1	2		7	32
		Non-W.	1	2	1	2		2	3			3	1	1	14
E980-985	Homicide	White		1			1								2
		Non-W.	1	12	5	7	11	9	15	6	7	8	7	12	100
	All causes	White	199	164	92	158	158	197	227	192	186	157	153	168	2,051
		Non-W.	341	303	270	341	349	310	348	324	334	274	284	323	3,801

TABLE D Death Rates per 1,000 Population for 1964 and Ten Previous Years by Causes and Race
(Corrected for Outward Transfers.)

Disease		Race	1953 1954	1954 1955	1956	1957	1958	1959	1960	1961	1962	1963	Mean for 10 years	1964
Enteric fever	... ..	White Non-W.	0.01	0.02		0.00	0.01	0.00					0.00	0.01
Measles	... ..	White Non-W.	0.06	0.01 0.08	0.01	0.09	0.02 0.05	0.04	0.10	0.01 0.11	0.01 0.09	0.01 0.23	0.00 0.09	0.01 0.09
Scarlet fever	... ..	White Non-W.						0.00	0.01				0.00 0.00	0.01
Whooping cough	... ..	White Non-W.	0.03	0.08	0.00	0.06	0.02	0.02	0.02	0.03	0.03	0.02	0.03	0.02
Diphtheria	... ..	White Non-W.		0.01 0.03	0.01	0.01 0.02	0.01 0.01	0.01 0.00	0.02 0.01	0.01 0.02	0.01	0.01	0.01 0.01	0.00
Influenza	... ..	White Non-W.	0.03	0.02 0.03	0.01 0.00	0.02 0.04	0.02 0.02	0.02 0.02	0.02 0.01	0.03 0.03	0.01	0.03 0.02	0.02 0.02	0.01 0.01
Purulent infection — septicaemia, and erysipelas (non- <i>puerperal</i>)	... ..	White Non-W.	0.01 0.01		0.01 0.03	0.01 0.01	0.01	0.02 0.02	0.02 0.02	0.02 0.02	0.02 0.02	0.03 0.03	0.01 0.02	0.02 0.01
Acute anterior poliomyelitis and polioencephalitis		White Non-W.	0.03		0.02	0.05 0.03	0.01 0.00	0.01 0.00	0.01 0.00				0.01 0.01	
Acute infectious encephalitis	... ..	White Non-W.	0.003	0.003	0.02	0.01 0.01	0.01	0.01 0.01	0.01 0.01	0.01	0.01	0.00	0.00 0.01	0.01 0.00
Meningococcal cerebrospinal meningitis	...	White Non-W.	0.01 0.01	0.01 0.02	0.01 0.01	0.02	0.01 0.01	0.01 0.00	0.01	0.00	0.01	0.01 0.00	0.00 0.01	0.00
Tuberculosis, respiratory system	...	White Non-W.	0.20 1.37	0.14 0.91	0.11 0.58	0.13 0.66	0.17 0.56	0.16 0.41	0.13 0.47	0.12 0.54	0.09 0.44	0.11 0.45	0.14 0.62	0.06 0.42
Tuberculosis, other forms	... ..	White Non-W.	0.04 0.40	0.02 0.30	0.03 0.18	0.02 0.20	0.01 0.13	0.01 0.10	0.02 0.12	0.01 0.11	0.01 0.09	0.07	0.02 0.16	0.01 0.06
Syphilis	... ..	White Non-W.	0.04	0.02	0.01 0.03	0.03	0.02	0.04	0.02	0.01 0.04	0.03	0.02	0.00 0.03	0.03
General paralysis of the insane: tabes dorsalis		White Non-W.	0.03	0.01	0.03 0.02	0.01 0.02	0.02 0.01	0.02 0.01	0.01 0.01	0.01 0.01	0.01 0.03	0.01	0.01 0.01	0.02
Aneurysm of the aorta	... ..	White Non-W.	0.02 0.02	0.02 0.02	0.02 0.01	0.01	0.01 0.01	0.01	0.00	0.01	0.00	0.00	0.01 0.01	0.01
Cancer	... ..	White Non-W.	1.62 0.79	1.55 0.71	1.61 0.73	1.74 0.62	1.56 0.62	1.70 0.61	1.69 0.73	1.77 0.89	1.62 0.84	1.60 0.77	1.65 0.73	1.78 0.85

TABLE D - Continued.

Disease	Race	1953 — 1954	1954 — 1955	1956	1957	1958	1959	1960	1961	1962	1963	Mean for 10 years	1964
Acute rheumatic fever	White Non-W.	0.01 0.04	0.01 0.02	0.01 0.01	0.01 0.01	0.01 0.00	0.01 0.00	0.01 0.01	0.02 0.02	0.01 0.00	0.00	0.01 0.01	0.01 0.01
Diabetes	White Non-W.	0.22 0.10	0.14 0.13	0.04 0.03	0.04 0.06	0.06 0.06	0.10 0.08	0.17 0.13	0.14 0.11	0.20 0.14	0.12 0.08	0.12 0.09	0.10 0.10
Intracranial lesions of vascular origin ...	White Non-W.	1.06 0.71	1.19 0.84	1.63 0.86	1.33 0.82	1.48 0.91	1.51 0.78	1.76 1.05	1.67 1.05	1.19 1.03	1.18 0.94	1.41 0.90	1.33 0.93
Arterio-sclerosis	White Non-W.	0.33 0.15	0.29 0.16	0.23 0.08	0.30 0.11	0.30 0.08	0.22 0.10	0.23 0.12	0.23 0.07	0.17 0.05	0.15 0.07	0.25 0.10	0.14 0.09
Cardiac diseases	White Non-W.	2.78 1.30	2.98 1.38	3.58 1.66	3.58 1.87	3.59 1.58	3.62 1.51	4.15 1.98	3.58 1.92	3.48 1.73	3.39 1.54	3.48 1.65	3.34 1.55
Bronchitis and pneumonia (including pneumonia of the newborn)	White Non-W.	0.43 0.91	0.40 0.98	0.36 0.98	0.32 1.03	0.32 0.93	0.36 0.71	0.32 1.05	0.34 0.97	0.37 0.92	0.25 0.96	0.35 0.94	0.37 0.82
Gastro-enteritis and colitis, except ulcerative (including diarrhoea of the newborn) ...	White Non-W.	0.05 2.27	0.08 2.46	0.09 1.99	0.09 1.73	0.05 1.81	0.04 1.31	0.06 1.64	0.05 1.49	0.05 1.20	0.04 1.23	0.06 1.69	0.02 1.00
Nephritis	White Non-W.	0.16 0.16	0.13 0.16	0.13 0.13	0.16 0.09	0.16 0.14	0.17 0.10	0.11 0.15	0.16 0.16	0.16 0.13	0.11 0.10	0.15 0.13	0.13 0.14
Puerperal sepsis	White Non-W.	0.01 0.03	0.01 0.01	0.01 0.01	0.02	0.01	0.02	0.04	0.01 0.02	0.01 0.01	0.04	0.00 0.02	0.01 0.03
Other diseases of pregnancy, childbirth, and puerperal state	White Non-W.	0.02 0.64	0.02 0.07	0.94	0.01 0.06	0.03	0.01 0.02	0.03	0.03	0.01 0.03	0.02	0.01 0.04	0.01
Congenital malformations and diseases of early infancy	White Non-W.	0.44 1.26	0.19 0.92	0.36 1.22	0.35 1.13	0.32 1.25	0.29 1.06	0.37 1.25	0.32 1.47	0.34 1.25	0.32 1.22	0.34 1.22	0.30 1.17
Senility	White Non-W.	0.18 0.06	0.12 0.03	0.14 0.02	0.16 0.02	0.09 0.02	0.12 0.02	0.19 0.04	0.21 0.11	1.23 0.30	1.34 0.23	0.38 0.09	1.48 0.31
Accidents, poisonings and violence (external cause)	White Non-W.	0.41 0.62	0.37 0.57	0.42 0.60	0.53 0.65	0.44 0.65	0.45 0.60	0.53 0.83	0.53 0.86	0.61 0.76	0.55 0.68	0.48 0.68	0.72 1.00
Other causes	White Non-W.	1.35 1.79	1.44 1.57	1.19 1.09	1.22 1.19	1.02 1.01	1.11 0.95	1.24 1.26	1.12 1.10	1.11 1.19	1.11 1.58	1.18 1.25	0.98 1.75
Total	White Non-W.	9.37 12.25	9.15 11.52	10.00 10.34	9.96 10.60	9.65 9.93	9.96 8.58	11.04 11.11	10.33 11.19	10.67 10.35	10.34 10.34	10.09 10.57	10.83 19.42

TABLE E. Deaths of Infants under 1 Year of Age, Classified by Cause and Age, 1964.

(Corrected)

International Code No.	DISEASE	RACE	TOTAL under one year																			Bantu Townships Included in foregoing columns																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
			Under 1 day	Under 2 days	Under 3 days	Under 4 days	Under 5 days	Under 6 days	Under 7 days	Total under 1 week	Under 2 weeks	Under 3 weeks	Under 4 weeks	Total under 4 weeks	Under 5 months	Under 6 months	Under 7 months	Under 8 months	Under 9 months	Under 10 months	Under 11 months	Under 12 months	GUGULETU																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
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010	Tuberculosis, meningeal	White Non-W.	1	2	3	4	5	6	7	1	2	3	4	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											

TABLE E1. Deaths of Infants under 1 Year of Age, Classified by Cause and Month of Registration, 1964.
(Corrected for Outward Transfers.)

International Code No.	DISEASE	RACE	January	February	March	First Quarter	April	May	June	Second Quarter	July	August	September	Third Quarter	October	November	December	Fourth Quarter	YEAR	Percentage Total deaths	Rate per 1,000 live births
010	Tuberculosis, meningeal	White Non-W.																			
011	Tuberculosis, abdominal	White Non-W.									1			1					1	0.1	0.1
001-008	Tuberculosis, other forms	White Non-W.	1			1					2			2					3	0.3	0.2
020	Syphilis, congenital	White Non-W.	1			1	1	2		3						1	1	2	6	0.5	0.4
055	Diphtheria	White Non-W.																			
056	Whooping cough	White Non-W.	2			2									1			1	3	0.3	0.2
035-086	Measles and rubella	White Non-W.	1		1	1	1			1	1	1	2	4	2	2	1	5	11	1.4 1.0	0.3 0.8
050	Scarlet fever	White Non-W.																			
283	Rickets	White Non-W.														1		1	1	0.1	0.1
340	Simple meningitis	White Non-W.			2	2	3	2	1	6	3	1	2	6	1	1	1	2	16	1.5	1.1
500-502	Bronchitis	White Non-W.						1	1	2	1	2		3	1			1	6	0.5	0.4
490-493	Pneumonia (all forms)	White Non-W.	14	1	14	1	17	10	13	2	20	12	11	2	10	2	14	26	5 145	7.1 13.2	1.4 10.0
571,764	Diarrhoea and enteritis	White Non-W.	2 45	1 52	29	3	37	30	16	83	12	8	9	1	7	13	28	48	4 286	5.7 26.1	1.1 19.7
750-758	Congenital malformations	White Non-W.	2 7	2 2	5	4	1	4	2	4	1	5	5	6	2	1	3	6	20 50	28.6 4.6	5.4 3.5
760-761	Injury at birth	White Non-W.	2	5	6	13	1	11	6	20	1	5	1	3	1	6	1	9	6 61	8.6 5.6	1.6 4.2
774-776	Immaturity	White Non-W.	3 22	15	3	6	1	16	14	48	13	17	1	1	11	3	12	42	12 206	17.2 18.8	3.2 14.2
762-765-773	Other diseases peculiar to early infancy	White Non-W.	3 13	1 7	7	4	10	3	1	30	3	2	1	6	4	2	1	32	17 122	24.3 11.1	4.6 8.4
E924-E925	Accidental mechanical suffocation	White Non-W.			1	1			1	1			1	1					3	0.3	0.2
E926	Lack of care	White Non-W.																			
	Other and ill-defined or unknown causes	White Non-W.	22	16	1	1	9	19	2	47	1	8	12	1	1	14	7	1	5 175	7.1 16.0	1.4 12.1
		White Non-W.	11 129	5 105	4 103	20 337	3 104	6 105	7 88	16 297	7 99	5 68	8 83	20 250	4 54	6 72	4 85	14 211	70 1,095	100 100	18.9 75.6
	Totals	All Races	140	110	107	357	107	111	95	313	106	73	91	270	58	78	89	225	1,165		64.0

TABLE F. Deaths of Infants under 1 Year of Age, Classified by Legitimacy, 1964.

(Corrected for outward transfers)

	Place of Death	All infants						Legitimate						Illegitimate				No statement			
		Neo-natal			Post neo-natal			Neo-natal			Post neo-natal			Neo-natal		Post neo-natal					
		M.		F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.					
		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.	Neo-natal	Post neo-natal				
White	Hospital	24	33		5	2	28	20		4	2		3		4			2			1
	Domiciliary				4	2							3					2			
Coloured	Hospital	165	133		84	78	84	107		52	56	49	43	27		16		15			11
	Domiciliary	42	36		139	147		27	22	84	75	14	7	45		64		8			18
Bantu	Hospital	42	29		32	29		25	19	15	11	15	10	14		11		2			10
	Domiciliary	9	5		53	64		4	3	25	32	4	1	20		27		2			13,
Asiatic	Hospital	3	1			1		3			1		1								
	Domiciliary	2				1		1			1							1			
Non-White	Hospital	210	163		116	108	103	135		67	68	64	54	41		27		17			21
	Domiciliary	53	41		192	212	25	32		109	108	18	8	65		91		11			31
All races	Hospital	234	196		121	110	131	155		71	70	67	58	41		27		19			22
	Domiciliary	53	41		196	214	25	32		112	110	18	8	66		91		11			31

TABLE G. Registered Births and Still-Births for the year 1964, classified in wards as to Race, Legitimacy and Percentage of Total Births in Institutions
(Corrected.)

Wards	WHITE						NON-WHITE						TOTALS			STILL-BIRTHS				Total still-births	Percentage of total births, including still-births, occurring in institutions			
	Legitimate			Illegitimate			Legitimate			Illegitimate			Total			White		Non-White						
	Males	Fe-males	Total	Males	Fe-males	Total	Males	Fe-males	Total	Males	Fe-males	Total	White	Non-White	Total	Legit.	Illegit.	Legit.	Illegit.	Total	White	Non-White		
1. ...	140	108	1	4	141	112	253	5	6	13	18	18	24	42	253	42	295	2	1	2	5	99	93	
2. ...	146	160	4	3	150	163	313	4	6	8	11	12	17	29	313	29	342	5	2	1	8	97	81	
3. ...	28	15	2	2	30	17	47	171	152	73	65	244	217	461	47	461	508			8	4	94	60	
4. ...	164	161	9	3	173	164	337	155	155	65	73	220	228	448	337	448	785	3	2	9	5	97	58	
5. ...	131	142	10	7	141	149	290	309	289	114	93	423	382	805	290	805	1,095	3	1	13	4	94	62	
6. ...	82	54	7	5	89	59	148	450	483	154	154	604	637	1,241	148	1,241	1,389	1		21	7	87	64	
7. ...	162	168	15	21	177	189	366	54	48	31	22	85	70	155	366	155	521	3	2	3	1	94	65	
8. ...	181	182	6	5	187	187	374	658	642	325	313	983	955	1,938	374	1,938	2,312	4		50	26	88	61	
9. ...	116	99	3	2	119	101	220	132	103	30	30	162	133	295	220	295	515	4	1	7	3	89	52	
10. ...	12	15		2	12	17	29	2,281	2,272	633	589	2,914	2,861	5,775	29	5,775	5,804		1	132	37	80	56	
11. ...	118	121	3	3	121	124	245	32	33	12	13	44	46	90	245	90	335	4		3		96	65	
12. ...	122	116	1	4	123	120	243	186	180	55	53	241	233	474	243	474	717			9	6	95	56	
13. ...	131	134	18	25	149	159	308	70	81	18	14	88	95	183	308	183	491	1			2	95	56	
14. ...	148	166	1	6	149	172	321	212	190	78	79	290	269	559	321	559	880	3		8	1	90	39	
15. ...	104	97	5	1	109	98	207	735	714	282	264	1,017	978	1,995	207	1,995	2,202	7		50	16	92	38	
Not allocated (un-ascertained addresses)								1			6	1	6	7		7	7							
Total	1,785	1,738	85	93	1,870	1,831	3,701	5,455	5,354	1,891	1,797	7,346	7,151	14,497	3,701	14,497	18,198	40	8	315	115	478	93	55
Births in Cape Town which did not belong thereto	823	780	76	87	899	867	1,766	444	421	337	303	781	724	1,505	1,766	1,505	3,271	18	4	66	23	111	100	93
Langa Township								80	73	77	63	157	136	293		293	293			9	7	16		85
Guguletu Township								396	412	184	170	580	582	1,162		1,162	1,162			40	14	54		83

TABLE H. Births in Institutions, 1964.
LIVE-BIRTHS.

Institution	Total Live-births		Live-births belonging to Cape Town		Live-births not belonging to Cape Town (outward transfers)	
	White	Non-White	White	Non-White	White	Non-White
Peninsula Maternity Hospital ...		3,623		3,157		466
Somerset Hospital ...		2,318		1,958		360
St. Joseph's Sanatorium ...	1,974	7	1,089	5	885	2
Salvation Army Maternity Home ...		1,610		1,328		282
Mowbray Maternity Hospital ...	935	2	588	1	347	1
St. Monica's Home ...		1,114		971		143
Groote Schuur Hospital ...	1,043	636	887	511	156	125
Kingsbury Nursing Home ...	487	2	317	2	170	
Delherbe Nursing Home ...	497		424		73	
Military Hospital ...	276		150		126	
Magdalena Huis ...						
House of Correction ...		10		4		6
Other institutions ...	2	6	1	4	1	2
Total ...	5,214	9,328	3,456	7,941	1,758	1,387

STILL-BIRTHS.

Institution	Total Still-births		Still-births belonging to Cape Town		Still-births not belonging to Cape Town (outward transfers)	
	White	Non-White	White	Non-White	White	Non-White
Peninsula Maternity Hospital ...		175		119		56
Somerset Hospital ...		119		101		18
St. Joseph's Sanatorium ...	9		7		2	
Salvation Army Maternity Home ...		24		20		4
Mowbray Maternity Hospital ...	13		8		5	
St. Monica's Home ...		21		20		1
Groote Schuur Hospital ...	30	49	21	36	9	13
Kingsbury Nursing Home ...	6		3		3	
Delherbe Nursing Home ...	4		3		1	
Military Hospital ...	5		3		2	
House of Correction ...		1		1		
Victoria Hospital ...		1		1		
Total ...	67	390	45	298	22	92

TABLE I. — Discontinued.

TABLE J. Births, Deaths, and Infant Deaths, and corresponding rates, for the year 1964.

Race	Births		Deaths		Natural increase		Deaths under one year old	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
White :								
uncorrected	5,467	27.7	2,569	13.0			126	23
corrected for outward transfers	3,701	18.7	2,051	10.4			70	19
corrected for outward and inward transfers	3,701	18.7	2,138	10.8	1,563	7.9	70	19
Coloured :								
uncorrected	13,771	45.4	3,668	12.1			1,056	77
corrected for outward transfers	12,640	41.7	3,055	10.1			814	64
corrected for outward and inward transfers	12,648	41.7	3,170	10.4	9,478	31.2	824	65
Bantu :								
uncorrected	1,942	26.3	896	12.2			337	174
corrected for outward transfers	1,581	21.4	700	9.5			293	185
corrected for outward and inward transfers	1,581	21.4	793	10.8	788	10.7	293	185
Asiatics :								
uncorrected	281	37.8	49	6.6			11	41
corrected for outward transfers	267	35.9	46	6.2			8	30
corrected for outward and inward transfers	267	35.9	46	6.2	221	29.7	8	30
All non-White :								
uncorrected	15,994	41.6	4,613	12.0			1,404	88
corrected for outward transfers	14,489	37.7	3,801	9.9			1,095	76
corrected for outward and inward transfers	14,497	37.7	4,009	10.4	10,488	27.3	1,125	78
All races :								
uncorrected	21,461	36.9	7,182	12.3			1,530	71
corrected for outward transfers	18,190	31.3	5,852	10.1			1,165	64
corrected for outward and inward transfers	18,198	31.3	6,147	10.6	12,051	20.7	1,195	66
Bantu resident at Langa Township	288	10.4	252	9.1	36	1.3	58	201
Bantu resident at Guguletu Township	1,133	37.6	439	14.6	694	23.1	208	184

All rates are per 1,000 population except the infant mortality rate, which is expressed per 1,000 live-births.

TABLE K. — Infant Mortality Rates per 1,000 Births by Causes.
(Corrected)

INFANTS UNDER ONE YEAR OF AGE

Period	Common infectious diseases		Tuberculous diseases		Syphilis		Bronchitis and pneumonia		Diarrhoea and enteritis		Developmental diseases		Miscellaneous diseases (remainder)		Total mortality (all causes)	
	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White
Quinquennium																
1916-1917 to	3.3	6.6	1.7	2.2	1.1	9.9	12.3	55.1	28.1	58.7	29.0	47.2	15.2	32.1	90.8	211.7
1920-1921																
1921-1922 to	2.4	4.6	0.9	2.4	1.0	8.7	9.6	53.4	23.9	54.4	23.0	39.7	11.3	22.8	71.9	181.6
1925-1926																
1926-1927 to	3.2	4.3	1.1	4.3	1.7	11.9	10.8	47.2	14.6	46.7	22.1	37.6	9.3	18.6	62.7	169.4
1930-1931																
1931-1932 to	2.0	5.5	1.1	4.4	0.8	10.6	7.4	41.3	11.0	39.9	20.0	31.6	7.5	13.9	49.6	147.2
1935-1936																
1936-1937 to	1.0	3.6	0.8	4.0	0.4	6.2	5.6	35.6	5.8	29.5	18.6	29.5	9.0	14.5	41.3	122.9
1940-1941																
1941-1942 to	0.8	3.3	0.9	8.0	0.3	4.7	3.7	32.9	6.7	37.9	18.9	31.0	6.6	12.9	87.9	130.7
1945-1946																
1946-1947 to	0.5	2.8	0.8	8.7		2.5	2.8	22.5	3.8	30.5	15.8	28.9	5.9	13.2	29.6	109.1
1950-1951																
1951-1952 to	0.1	1.0	0.2	4.2		0.5	2.3	15.1	2.3	42.9	15.0	25.8	5.1	14.2	25.6	103.6
1956		1.4		1.3		0.2	2.4	13.2	1.0	31.6	13.5	23.4	5.0	14.9	21.8	85.9
1957-1961																
Year																
1952-1953		1.1	0.6	4.8		0.7	1.4	13.3	2.0	41.9	13.6	26.1	3.7	13.5	21.3	101.4
1953-1954		0.8	0.3	4.3		0.3	4.9	13.6	1.7	41.6	15.9	22.5	7.5	17.5	30.4	100.5
1954-1955		1.6	0.3	3.3		0.3	1.5	15.5	1.8	45.4	14.0	22.3	3.9	12.4	21.5	100.8
1956		0.2		2.6		0.2	1.1	14.8	3.1	42.2	14.8	29.2	5.6	13.8	24.5	103.0
1957		2.1		2.7		0.4	2.0	15.1	1.4	35.1	14.0	24.5	6.2	15.4	23.5	95.3
1958		1.0		0.9		0.1	4.4	15.7	0.3	38.8	13.9	24.3	4.6	16.7	23.1	97.6
1959		0.9		1.1		0.2	2.7	11.7	0.3	28.8	10.9	19.7	3.7	17.9	17.5	80.2
1960		1.6		1.0		0.2	1.7	12.6	1.1	29.1	14.6	23.7	7.9	12.8	25.3	81.0
1961		1.4		0.6		0.2	1.1	10.8	1.9	26.1	14.4	25.1	2.7	11.8	20.1	75.9
1962		1.3		0.2		0.1	2.9	12.3	1.3	21.3	14.2	24.7	3.2	9.8	21.7	69.8
1963	0.6	3.4		0.6		0.4	1.6	13.0	1.1	25.1	13.8	24.7	6.1	18.9	23.2	86.1
1964	0.3	1.5		0.4		0.4	1.3	11.0	1.1	20.6	13.2	26.9	3.0	16.8	18.9	77.6

TABLE K. — Continued.

INFANTS FROM 1 TO 2 YEARS OF AGE*

Period	Common infectious diseases		Tuberculous diseases		Syphilis		Bronchitis and pneumonia		Diarrhoea and enteritis		Developmental diseases		Miscellaneous diseases (remainder)		Total mortality (all causes)	
	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White	White	Non-White
Quinquennium																
1926-1927 to																
1930-1931		6.4	1.1	6.9		1.1	3.3	28.9	4.8	24.3	0.3	0.6	2.9	8.6	15.2	76.7
1931-1932 to																
1935-1936	2.1	6.2	0.9	7.5	2.1	2.1	3.7	24.8	2.5	19.2	0.2	0.4	3.0	7.3	12.4	67.4
1936-1937 to																
1940-1941	0.7	5.1	1.2	7.3	0.1	0.9	2.6	22.4	2.1	15.9	0.2	0.4	2.6	6.9	9.5	58.8
1941-1942 to																
1945-1946	0.9	3.9	0.9	14.1		0.9	0.9	19.8	1.6	20.9	0.2	0.4	1.3	5.7	5.8	65.2
1946-1947 to																
1950-1951	0.3	3.0	0.7	12.7		0.6	0.6	9.6	0.6	13.3		0.1	0.8	4.1	8.0	44.0
1951-1952 to																
1956	0.4	1.1	0.5	6.1		0.1	0.4	4.6	0.6	17.3	0.2	0.2	1.1	4.3	3.1	33.8
1957-1961	0.1	1.3		1.8		0.0	0.5	4.3	0.2	9.4	0.2	0.6	1.3	5.0	2.3	22.5
Year																
1952-1953	0.6	1.6	0.6	6.3			0.6	4.7	0.6	18.3	0.3		0.6	4.6	8.3	35.5
1953-1954		1.0	1.2	5.9			0.3	3.9	0.6	15.8		0.3	1.2	3.1	8.2	30.1
1954-1955	0.3	2.3		5.8	0.1	0.1		4.3	0.3	19.1	0.6	0.3	0.9	4.8	2.1	36.7
1956		0.3		3.5				4.6	0.6	14.3	0.3	0.4	0.3	4.8	1.2	27.9
1957		1.7		3.2			0.9	5.9		11.4	0.9	0.4	1.4	6.3	3.1	28.9
1958	0.3	1.0		2.9	0.1	0.1	0.9	3.9	0.3	11.2		0.2	1.4	5.6	2.9	25.0
1959		1.0		1.3			0.6	3.8	0.8	9.0		0.2	1.7	5.5	3.1	20.9
1960		1.2		1.1				3.7		8.2		0.6	0.8	5.5	0.8	20.3
1961		1.8		0.7				3.9		7.3	0.3	1.5	1.4	2.2	1.7	17.3
1962		1.6		0.8			0.6	2.8		5.3	0.3	0.5	1.1	4.9	1.9	15.9
1963	0.3	3.3		0.8				4.0		6.8	0.3	0.3	1.6	8.0	2.5	23.2
1964	0.3	1.4		0.6			0.6	2.8	0.3	5.5	0.8	0.2	1.6	7.2	1.7	17.7

*The rate for the year is calculated on the births (less the deaths under one year) in the previous year.

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TABLE L. — Estimated Populations and Vital Statistic Rates since 1913.

[illegible]

The population for the years 1960 onward has been corrected according to the final figures of the 1960 Census. The year of the influenza epidemic (1918-19) is excluded the figures shown being the mean of the other four years of the quinquennium. The birth rates, illegitimacy rates, natural increase rates and infant mortality rates are uncorrected for the year 1919-20 and previous years. City extended by incorporation of Wynberg (1927-28) and the district of Windermere (1943-44). All rates corrected for inward and outward transfers from 1956.

TABLE N. Notification of Infectious Disease Classified for Month of Notification, 1964.

O. — Non White.

W. — White

Period	Tuberculosis, respiratory			Tuberculosis, other forms			Enteric			Diphtheria			Scarlet fever			Erysipelas			Cerebrospinal fever			Infective encephalitis		
	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total
January	3	152	155																					
February	12	136	148	2	5	7		4	4	3	3	2	3	2	5		1	1	1	1	2			
March	10	136	146		7	9		2	2	2	2	4		1	1	1					1			
April	15	113	128	1	10	11											1		3	3	6			
May	16	111	127		9	9		1	2	1	1				2	1				1	2			
June	9	112	121	1	7	8									5									
July	10	122	132		11	11		1	3	1	1	2	2	4	4					2	2			
August	8	119	127		17	17			1	2	2	2	2	4	1	1	1			1	1			
September	6	144	150		15	15				1	1	1	1	2	2		1	1		3	8			1
October	13	170	183		11	11		1	1		1	2	2	2	2				1	2	9			
November	8	135	143		13	14						2	2	4	4			2		2	2			
December	10	128	138	1	9	9						3	2	1	1					3	3		1	1
Year	120	1,578	1,698	5	118	123	1	14	15	2	20	22	29	14	43	2	3	5	6	26	32	1	1	2

Period	Acute poliomyelitis			Ophthalmia			Puerperal fever			Leprosy			Anthrax			Whooping Cough			Kwashiorkor			Lead poisoning		
	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total
January		1	1	3	21	24										4	3	7		29	29			
February				1	21	22		1	1							3	10	13		39	39			
March				5	21	26											6	6	12		53	53		
April				11	24	35											5	5	10		52	52		
May				8	17	25		1	1											39	39			
June				6	20	26										3	3	6		42	42			
July				4	23	27										4	1	5		24	24			
August				8	15	23														27	27			
September				7	20	27							1	1			4	10	14		24	24		
October				4	24	28											7	8	15		21	21		
November					13	13		1	1		1						4	11	15		28	28		
December					20	20											3	10	13		19	19		
Year		1	1	57	243	300		3	3		1	1		1	1	22	70	92		397	397			

TABLE P. Notification of Infectious Disease Classified for Wards, etc., 1964.

W. — White. O. — Non-White.

Wards of the City etc	Tuberculosis respiratory system			Tuberculosis other forms			Enteric fever			Diphtheria			Scarlet fever			Erysipelas			Cerebrospinal fever			Infective encephalitis		
	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total
1. ...	8	16	24																					
2. ...	8	7	15																					
3. ...	1	46	47																					
4. ...	15	35	50																					
5. ...	11	78	89																					
6. ...	11	74	85																					
7. ...	18	32	50																					
8. ...	7	423	430																					
9. ...	9	27	36																					
10. ...	3	603	606																					
11. ...	1	13	14																					
12. ...	12	43	55																					
13. ...	17	12	19																					
14. ...	10	39	49																					
15. ...	7	127	134																					
Not allocated		3	3																					
TOTAL	120	1,578	1,698	5	118	123	1	14	15	2	20	22	29	14	43	2	3	5	6	26	32	1	1	2
Imported infection																								
Direct removals (cases removed to hospitals in Municipal area):	11	331	342	1	14	15	1	1	2															
From ships in harbour	35	105	140	1	31	32	1	24	25	6	18	24	18		18				3	15	18	1	1	
Guguletu Township		300	300		17	17														2	2			
Langa Township		253	253		12	12														2	2			

Wards of the City, etc.	Acute pollomyelitis			Ophthalmia			Puerperal fever			Leprosy			Anthrax			Whooping cough			Kwashiorkor			Lead poisoning		
	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total	W.	O.	Total
1. ...				2	8	10										3	2	5						
2. ...				3	11	14										3	5	8						
3. ...				5	13	18										6	4	10						
4. ...				4	9	13										1	4	5						
5. ...				5	18	23										4	4	8						
6. ...				14	1	15										1	1	2						
7. ...				8	33	41										2	11	13						
8. ...				4	105	109										5	4	9						
9. ...				1	1	2										2	2	4						
10. ...				3	3	6										3	1	4						
11. ...				1	105	106										5	16	21						
12. ...				3	3	6										2	6	8						
13. ...				3	10	13										1	1	2						
14. ...				5	43	48										2	12	14						
15. ...																12	2	14						
Not allocated																								
TOTAL		1	1	57	243	300		3	3		1	1	1	1	1	22	70	92		397	397			
Imported infection Direct removals (cases removed to hospitals in Municipal area):					1	1					2	2												
From ships in harbour	2	9	11													2	30	32						
Guguletu Township																								
Langa Township					38	38											5	5						

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